

**CHAPTER 1139**

**APPROPRIATIONS — HEALTH AND HUMAN SERVICES**

*H.F. 2460*

**AN ACT** relating to appropriations for health and human services and veterans and including other related provisions and appropriations, and including effective date and retroactive and other applicability provisions.

*Be It Enacted by the General Assembly of the State of Iowa:*

**DIVISION I**

**DEPARTMENT ON AGING — FY 2016-2017**

Section 1. 2015 Iowa Acts, chapter 137, section 121, is amended to read as follows:

SEC. 121. DEPARTMENT ON AGING. There is appropriated from the general fund of the state to the department on aging for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

For aging programs for the department on aging and area agencies on aging to provide citizens of Iowa who are 60 years of age and older with case management for frail elders, Iowa’s aging and disabilities resource center, and other services which may include but are not limited to adult day services, respite care, chore services, information and assistance, and material aid, for information and options counseling for persons with disabilities who are 18 years of age or older, and for salaries, support, administration, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$	5,699,866
.....		<u>12,548,603</u>
.....	FTEs	31.00

1. Funds appropriated in this section may be used to supplement federal funds under federal regulations. To receive funds appropriated in this section, a local area agency on aging shall match the funds with moneys from other sources according to rules adopted by the department. Funds appropriated in this section may be used for elderly services not specifically enumerated in this section only if approved by an area agency on aging for provision of the service within the area.

2. Of the funds appropriated in this section, ~~\$139,973~~ \$279,946 is transferred to the economic development authority for the Iowa commission on volunteer services to be used for the retired and senior volunteer program.

3. a. The department on aging shall establish and enforce procedures relating to expenditure of state and federal funds by area agencies on aging that require compliance with both state and federal laws, rules, and regulations, including but not limited to all of the following:

(1) Requiring that expenditures are incurred only for goods or services received or performed prior to the end of the fiscal period designated for use of the funds.

(2) Prohibiting prepayment for goods or services not received or performed prior to the end of the fiscal period designated for use of the funds.

(3) Prohibiting the prepayment for goods or services not defined specifically by good or service, time period, or recipient.

(4) Prohibiting the establishment of accounts from which future goods or services which are not defined specifically by good or service, time period, or recipient, may be purchased.

b. The procedures shall provide that if any funds are expended in a manner that is not in compliance with the procedures and applicable federal and state laws, rules, and regulations, and are subsequently subject to repayment, the area agency on aging expending such funds in contravention of such procedures, laws, rules and regulations, not the state, shall be liable for such repayment.

4. Of the funds appropriated in this section, at least ~~\$125,000~~ \$250,000 shall be used to fund the unmet needs identified through Iowa’s aging and disability resource center network.

5. Of the funds appropriated in this section, at least ~~\$300,000~~ \$600,000 shall be used to fund home and community-based services through the area agencies on aging that enable older individuals to avoid more costly utilization of residential or institutional services and remain in their own homes.

6. Of the funds appropriated in this section, ~~\$406,833~~ \$962,537 shall be used for the purposes of [chapter 231E](#) and [section 231.56A](#), of which ~~\$144,333~~ \$350,000 shall be used for the office of substitute decision maker pursuant to [chapter 231E](#), and the remainder shall be distributed equally to the area agencies on aging to administer the prevention of elder abuse, neglect, and exploitation program pursuant to [section 231.56A](#), in accordance with the requirements of the federal Older Americans Act of 1965, 42 U.S.C. §3001 et seq., as amended.

7. Of the funds appropriated in this section, \$1,000,000 shall be used to fund continuation of the aging and disability resource center lifelong links to provide individuals and caregivers with information and services to plan for and maintain independence.

DIVISION II  
OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2016-2017

Sec. 2. 2015 Iowa Acts, chapter 137, section 122, is amended to read as follows:

SEC. 122. OFFICE OF LONG-TERM CARE OMBUDSMAN.

1. There is appropriated from the general fund of the state to the office of long-term care ombudsman for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

For salaries, support, administration, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

\$	638,391
	1,376,783
FTEs	17.00
	18.00

2. Of the funds appropriated in this section, ~~\$110,000~~ \$220,000 shall be used to continue to provide for additional local long-term care ombudsmen.

3. Of the funds appropriated in this section, \$100,000 shall be used to provide an additional long-term care ombudsman to provide assistance and advocacy related to long-term care services and supports under the Medicaid program pursuant to [section 231.44](#).

DIVISION III  
DEPARTMENT OF PUBLIC HEALTH — FY 2016-2017

Sec. 3. 2015 Iowa Acts, chapter 137, section 123, is amended to read as follows:

SEC. 123. DEPARTMENT OF PUBLIC HEALTH. There is appropriated from the general fund of the state to the department of public health for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

1. ADDICTIVE DISORDERS

For reducing the prevalence of the use of tobacco, alcohol, and other drugs, and treating individuals affected by addictive behaviors, including gambling, and for not more than the following full-time equivalent positions:

\$	13,631,845
	26,988,690
FTEs	10.00

a. (1) Of the funds appropriated in this subsection, ~~\$2,624,180~~ \$5,248,361 shall be used for the tobacco use prevention and control initiative, including efforts at the state and local levels, as provided in [chapter 142A](#). The commission on tobacco use prevention and control established pursuant to [section 142A.3](#) shall advise the director of public health in prioritizing funding needs and the allocation of moneys appropriated for the programs and initiatives. Activities of the programs and initiatives shall be in alignment with the United States centers for disease control and prevention best practices for comprehensive tobacco control programs that include the goals of preventing youth initiation of tobacco usage,

reducing exposure to secondhand smoke, and promotion of tobacco cessation. To maximize resources, the department shall determine if third-party sources are available to instead provide nicotine replacement products to an applicant prior to provision of such products to an applicant under the initiative. The department shall track and report to the individuals specified in this Act, any reduction in the provision of nicotine replacement products realized by the initiative through implementation of the prerequisite screening.

(2) (a) ~~Of the funds allocated in this paragraph "a", \$226,533 is transferred to the~~ The department shall collaborate with the alcoholic beverages division of the department of commerce for enforcement of tobacco laws, regulations, and ordinances and to engage in tobacco control activities approved by the division of tobacco use prevention and control of the department of public health as specified in the memorandum of understanding entered into between the divisions.

(b) For the fiscal year beginning July 1, 2016, and ending June 30, 2017, the terms of the memorandum of understanding, entered into between the division of tobacco use prevention and control of the department of public health and the alcoholic beverages division of the department of commerce, governing compliance checks conducted to ensure licensed retail tobacco outlet conformity with tobacco laws, regulations, and ordinances relating to persons under ~~eighteen~~ 18 years of age, shall continue to restrict the number of such checks to one check per retail outlet, and one additional check for any retail outlet found to be in violation during the first check.

b. Of the funds appropriated in this subsection, ~~\$11,007,664~~ \$21,740,329 shall be used for problem gambling and substance-related disorder prevention, treatment, and recovery services, including a 24-hour helpline, public information resources, professional training, youth prevention, and program evaluation.

~~(1) Of the funds allocated in this paragraph "b", \$9,451,857 shall be used for substance-related disorder prevention and treatment.~~

~~(a) Of the funds allocated in this subparagraph (1), \$449,650 shall be used for the public purpose of a grant program to provide substance-related disorder prevention programming for children.~~

~~(i) Of the funds allocated in this subparagraph division (a), \$213,769 shall be used for grant funding for organizations that provide programming for children by utilizing mentors. Programs approved for such grants shall be certified or must be certified within six months of receiving the grant award by the Iowa commission on volunteer services as utilizing the standards for effective practice for mentoring programs.~~

~~(ii) Of the funds allocated in this subparagraph division (a), \$213,419 shall be used for grant funding for organizations providing programming that includes youth development and leadership services. The programs shall also be recognized as being programs that are scientifically based with evidence of their effectiveness in reducing substance-related disorders in children.~~

~~(iii) The department of public health shall utilize a request for proposals process to implement the grant program.~~

~~(iv) All grant recipients shall participate in a program evaluation as a requirement for receiving grant funds.~~

~~(v) Of the funds allocated in this subparagraph division (a), up to \$22,461 may be used to administer substance-related disorder prevention grants and for program evaluations.~~

~~(b) Of the funds allocated in this subparagraph (1), \$136,301 shall be used for culturally competent substance-related disorder treatment pilot projects.~~

~~(i) The department shall utilize the amount allocated in this subparagraph division (b) for at least three pilot projects to provide culturally competent substance-related disorder treatment in various areas of the state. Each pilot project shall target a particular ethnic minority population. The populations targeted shall include but are not limited to African American, Asian, and Latino.~~

~~(ii) The pilot project requirements shall provide for documentation or other means to ensure access to the cultural competence approach used by a pilot project so that such approach can be replicated and improved upon in successor programs.~~

~~(2) Of the funds allocated in this paragraph "b", up to \$1,555,807 may be used for problem gambling prevention, treatment, and recovery services.~~

~~(a) Of the funds allocated in this subparagraph (2), \$1,286,881 shall be used for problem gambling prevention and treatment.~~

~~(b) Of the funds allocated in this subparagraph (2), up to \$218,926 may be used for a 24-hour helpline, public information resources, professional training, and program evaluation.~~

~~(c) Of the funds allocated in this subparagraph (2), up to \$50,000 may be used for the licensing of problem gambling treatment programs.~~

~~(3) It is the intent of the general assembly that from the moneys allocated in this paragraph "b", persons with a dual diagnosis of substance-related disorder and gambling addiction shall be given priority in treatment services.~~

~~e. Notwithstanding any provision of law to the contrary, to standardize the availability, delivery, cost of delivery, and accountability of problem gambling and substance-related disorder treatment services statewide, the department shall continue implementation of a process to create a system for delivery of treatment services in accordance with the requirements specified in 2008 Iowa Acts, chapter 1187, section 3, subsection 4. To ensure the system provides a continuum of treatment services that best meets the needs of Iowans, the problem gambling and substance-related disorder treatment services in any area may be provided either by a single agency or by separate agencies submitting a joint proposal.~~

~~(1) The system for delivery of substance-related disorder and problem gambling treatment shall include problem gambling prevention.~~

~~(2) The system for delivery of substance-related disorder and problem gambling treatment shall include substance-related disorder prevention by July 1, 2017.~~

~~(3) Of the funds allocated in paragraph "b", the department may use up to \$50,000 for administrative costs to continue developing and implementing the process in accordance with this paragraph "c".~~

d. The requirement of [section 123.53 123.17, subsection 5](#), is met by the appropriations and allocations made in this division of this Act for purposes of substance-related disorder treatment and addictive disorders for the fiscal year beginning July 1, 2016.

~~e. The department of public health shall work with all other departments that fund substance-related disorder prevention and treatment services and all such departments shall, to the extent necessary, collectively meet the state maintenance of effort requirements for expenditures for substance-related disorder services as required under the federal substance-related disorder prevention and treatment block grant.~~

2. HEALTHY CHILDREN AND FAMILIES

For promoting the optimum health status for children, adolescents from birth through 21 years of age, and families, and for not more than the following full-time equivalent positions:

.....	\$	2,308,771
.....		<u>5,693,774</u>
.....	FTEs	12.00

a. Of the funds appropriated in this subsection, not more than ~~\$367,420~~ \$734,841 shall be used for the healthy opportunities for parents to experience success (HOPES)-healthy families Iowa (HFI) program established pursuant to [section 135.106](#). The funding shall be distributed to renew the grants that were provided to the grantees that operated the program during the fiscal year ending June 30, 2016.

b. In order to implement the legislative intent stated in [sections 135.106](#) and [256I.9](#), that priority for home visitation program funding be given to programs using evidence-based or promising models for home visitation, it is the intent of the general assembly to phase in the funding priority in accordance with [2012 Iowa Acts, chapter 1133, section 2, subsection 2, paragraph "0b"](#).

c. Of the funds appropriated in this subsection, ~~\$1,099,414~~ \$3,275,059 shall be used for continuation of the department's initiative to provide for adequate developmental surveillance and screening during a child's first five years. The funds shall be used first to fully fund the current sites to ensure that the sites are fully operational, with the remaining funds to be used for expansion to additional sites. The full implementation and expansion shall include enhancing the scope of the program through collaboration with the child health specialty clinics to promote healthy child development through early identification and response to both biomedical and social determinants of healthy development; by monitoring

child health metrics to inform practice, document long-term health impacts and savings, and provide for continuous improvement through training, education, and evaluation; and by providing for practitioner consultation particularly for children with behavioral conditions and needs. The department of public health shall also collaborate with the Iowa Medicaid enterprise and the child health specialty clinics to integrate the activities of the first five initiative into the establishment of patient-centered medical homes, community utilities, accountable care organizations, and other integrated care models developed to improve health quality and population health while reducing health care costs. To the maximum extent possible, funding allocated in this paragraph shall be utilized as matching funds for medical assistance program reimbursement.

d. Of the funds appropriated in this subsection, ~~\$37,320~~ \$74,640 shall be distributed to a statewide dental carrier to provide funds to continue the donated dental services program patterned after the projects developed by the lifeline network to provide dental services to indigent individuals who are elderly or with disabilities.

e. Of the funds appropriated in this subsection, ~~\$55,997~~ \$111,995 shall be used for childhood obesity prevention.

f. Of the funds appropriated in this subsection, ~~\$81,384~~ \$162,768 shall be used to provide audiological services and hearing aids for children. The department may enter into a contract to administer this paragraph.

g. Of the funds appropriated in this subsection, ~~\$12,500~~ \$25,000 is transferred to the university of Iowa college of dentistry for provision of primary dental services to children. State funds shall be matched on a dollar-for-dollar basis. The university of Iowa college of dentistry shall coordinate efforts with the department of public health, bureau of oral and health delivery systems, to provide dental care to underserved populations throughout the state.

h. Of the funds appropriated in this subsection, ~~\$25,000~~ \$50,000 shall be used to address youth suicide prevention.

i. Of the funds appropriated in this subsection, ~~\$25,000~~ \$50,000 shall be used to support the Iowa effort to address the survey of children who experience adverse childhood experiences known as ACEs.

j. The department of public health shall continue to administer the program to assist parents in this state with costs resulting from the death of a child in accordance with the provisions of [2014 Iowa Acts, chapter 1140, section 22, subsection 12](#).

3. CHRONIC CONDITIONS

For serving individuals identified as having chronic conditions or special health care needs, and for not more than the following full-time equivalent positions:

..... \$	2,477,846
	<u>5,080,692</u>
..... FTEs	5.00

a. Of the funds appropriated in this subsection, ~~\$79,966~~ \$159,932 shall be used for grants to individual patients who have an inherited metabolic disorder to assist with the costs of medically necessary foods and formula.

b. Of the funds appropriated in this subsection, ~~\$445,822~~ \$1,041,644 shall be used for the brain injury services program pursuant to [section 135.22B](#), including for continuation of the contracts for resource facilitator services in accordance with [section 135.22B, subsection 9](#), and to enhance brain injury training and recruitment of service providers on a statewide basis. Of the amount allocated in this paragraph, ~~\$47,500~~ \$95,000 shall be used to fund one full-time equivalent position to serve as the state brain injury services program manager.

c. Of the funds appropriated in this subsection, ~~\$273,991~~ \$547,982 shall be used as additional funding to leverage federal funding through the federal Ryan White Care Act, Tit. II, AIDS drug assistance program supplemental drug treatment grants.

d. Of the funds appropriated in this subsection, ~~\$74,911~~ \$149,823 shall be used for the public purpose of continuing to contract with an existing national-affiliated organization to provide education, client-centered programs, and client and family support for people living with epilepsy and their families. The amount allocated in this paragraph in excess of ~~\$50,000~~ \$100,000 shall be matched dollar-for-dollar by the organization specified.

e. Of the funds appropriated in this subsection, ~~\$392,557~~ \$785,114 shall be used for child health specialty clinics.

f. Of the funds appropriated in this subsection, ~~\$200,000~~ \$400,000 shall be used by the regional autism assistance program established pursuant to [section 256.35](#), and administered by the child health specialty clinic located at the university of Iowa hospitals and clinics. The funds shall be used to enhance interagency collaboration and coordination of educational, medical, and other human services for persons with autism, their families, and providers of services, including delivering regionalized services of care coordination, family navigation, and integration of services through the statewide system of regional child health specialty clinics and fulfilling other requirements as specified in [chapter 225D](#). The university of Iowa shall not receive funds allocated under this paragraph for indirect costs associated with the regional autism assistance program.

g. Of the funds appropriated in this subsection, ~~\$285,496~~ \$594,543 shall be used for the comprehensive cancer control program to reduce the burden of cancer in Iowa through prevention, early detection, effective treatment, and ensuring quality of life. Of the funds allocated in this paragraph “g”, ~~\$75,000~~ \$150,000 shall be used to support a melanoma research symposium, a melanoma biorepository and registry, basic and translational melanoma research, and clinical trials.

h. Of the funds appropriated in this subsection, ~~\$63,225~~ \$101,450 shall be used for cervical and colon cancer screening, and ~~\$150,000~~ \$300,000 shall be used to enhance the capacity of the cervical cancer screening program to include provision of recommended prevention and early detection measures to a broader range of low-income women.

i. Of the funds appropriated in this subsection, ~~\$263,347~~ \$526,695 shall be used for the center for congenital and inherited disorders.

j. Of the funds appropriated in this subsection, ~~\$64,705~~ \$129,411 shall be used for the prescription drug donation repository program created in [chapter 135M](#).

k. Of the funds appropriated in this subsection, ~~\$107,631~~ \$215,263 shall be used by the department of public health for reform-related activities, including but not limited to facilitation of communication to stakeholders at the state and local level, administering the patient-centered health advisory council pursuant to [section 135.159](#), and involvement in health care system innovation activities occurring across the state.

l. Of the funds appropriated in this subsection, ~~\$12,500~~ \$25,000 shall be used for administration of [chapter 124D](#), the medical cannabidiol Act.

4. COMMUNITY CAPACITY

For strengthening the health care delivery system at the local level, and for not more than the following full-time equivalent positions:

.....	\$	4,410,667
		<u>7,339,136</u>
.....	FTEs	11.00
		<u>13.00</u>

a. Of the funds appropriated in this subsection, ~~\$49,707~~ \$99,414 is allocated for continuation of the child vision screening program implemented through the university of Iowa hospitals and clinics in collaboration with early childhood Iowa areas. The program shall submit a report to the individuals identified in this Act for submission of reports regarding the use of funds allocated under this paragraph “a”. The report shall include the objectives and results for the program year including the target population and how the funds allocated assisted the program in meeting the objectives; the number, age, and location within the state of individuals served; the type of services provided to the individuals served; the distribution of funds based on service provided; and the continuing needs of the program.

b. Of the funds appropriated in this subsection, ~~\$55,328~~ \$110,656 is allocated for continuation of an initiative implemented at the university of Iowa and ~~\$49,952~~ \$99,904 is allocated for continuation of an initiative at the state mental health institute at Cherokee to expand and improve the workforce engaged in mental health treatment and services. The initiatives shall receive input from the university of Iowa, the department of human services, the department of public health, and the mental health and disability services commission to address the focus of the initiatives.

c. Of the funds appropriated in this subsection, ~~\$582,314~~ \$1,164,628 shall be used for essential public health services that promote healthy aging throughout one’s lifespan, contracted through a formula for local boards of health, to enhance health promotion and disease prevention services.

d. Of the funds appropriated in this ~~section~~ subsection, ~~\$49,643~~ \$99,286 shall be deposited in the governmental public health system fund created in [section 135A.8](#) to be used for the purposes of the fund.

e. ~~Of the funds appropriated in this subsection, \$52,724 shall be used to continue to address the shortage of mental health professionals in the state.~~

f. Of the funds appropriated in this subsection, ~~\$25,000~~ \$50,000 shall be used for a grant to a statewide association of psychologists that is affiliated with the American psychological association to be used for continuation of a program to rotate intern psychologists in placements in urban and rural mental health professional shortage areas, as defined in [section 135.180](#).

g. (1) Of the funds appropriated in this subsection, ~~\$1,441,484~~ \$1,210,770 shall be allocated as a grant to the Iowa primary care association to be used pursuant to [section 135.153](#) for the statewide coordination of the Iowa collaborative safety net provider network. Coordination of the network shall focus on increasing access by underserved populations to health care services, increasing integration of the health system and collaboration across the continuum of care with a focus on safety net services, and enhancing the Iowa collaborative safety net provider network’s communication and education efforts. The amount allocated as a grant under this subparagraph (1) shall be used as follows to support the Iowa collaborative safety net provider network goals of increased access, health system integration, and engagement:

(a) For distribution to safety net partners in the state that work to increase access of the underserved population to health services:

..... \$ 512,742  
1,025,485

(i) Of the amount allocated in this subparagraph division (a), ~~up to \$206,707~~ not less than \$413,415 shall be distributed to the Iowa prescription drug corporation for continuation of the pharmaceutical infrastructure for safety net providers as described in [2007 Iowa Acts, chapter 218, section 108](#).

(ii) Of the amount allocated in this subparagraph division (a), ~~up to \$174,161~~ not less than \$348,322 shall be distributed to free clinics and free clinics of Iowa for necessary infrastructure, statewide coordination, provider recruitment, service delivery, and provision of assistance to patients in securing a medical home inclusive of oral health care.

(iii) Of the amount allocated in this subparagraph division (a), ~~up to \$25,000~~ not less than \$50,000 shall be distributed to the Iowa coalition against sexual assault to continue a training program for sexual assault response team (SART) members, including representatives of law enforcement, victim advocates, prosecutors, and certified medical personnel.

(iv) Of the amount allocated in this subparagraph division (a), ~~up to \$106,874~~ not less than \$213,748 shall be distributed to the Polk county medical society for continuation of the safety net provider patient access to a specialty health care initiative as described in [2007 Iowa Acts, chapter 218, section 109](#).

(c) For distribution to safety net partners in the state that work to serve as a resource for credible, accurate information on health care-related needs and services for vulnerable populations in the state including the Iowa association of rural health clinics for necessary infrastructure and service delivery transformation and the Iowa primary care association to support partner engagement, program management, and statewide coordination of the network:

..... \$ 92,642  
185,285

(2) The amount allocated under this paragraph “g” shall not be reduced for administrative or other costs prior to distribution. The Iowa collaborative safety net provider network may continue to distribute funds allocated pursuant to this paragraph “g” through existing contracts or renewal of existing contracts.

(3) For each goal of the Iowa collaborative safety net provider network, the Iowa primary care association shall submit a progress report to the individuals designated in

this Act for submission of reports by December 15, 2016, including progress in developing and implementing the network, how the funds were distributed and used in developing and implementing the network, and the remaining needs identified to fully develop and implement the network.

h. Of the funds appropriated in this subsection, ~~\$106,700~~ \$213,400 shall be used for continuation of the work of the direct care worker advisory council established pursuant to [2008 Iowa Acts, chapter 1188, section 69](#), in implementing the recommendations in the final report submitted by the advisory council to the governor and the general assembly in March 2012, including by continuing to develop, promote, and make available on a statewide basis the prepare-to-care core curriculum and its associated modules and specialties through various formats including online access, community colleges, and other venues; exploring new and maintaining existing specialties including but not limited to oral health and dementia care; supporting instructor training; and assessing and making recommendations concerning the Iowa care book and information technology systems and infrastructure uses and needs.

i. (1) Of the funds appropriated in this subsection, ~~\$108,187~~ \$216,375 shall be used ~~for allocation to~~ allocated for continuation of the contract with an independent statewide direct care worker organization previously selected through a request for proposals process. The contract shall continue to include performance and outcomes measures, and shall continue to allow the contractor to use a portion of the funds received under the contract to collect data to determine results based on the performance and outcomes measures.

(2) Of the funds appropriated in this subsection, ~~\$37,500~~ \$75,000 shall be used to provide scholarships or other forms of subsidization for direct care worker educational conferences, training, or outreach activities.

j. Of the funds appropriated in this subsection, the department may use up to ~~\$29,087~~ \$58,175 for up to one full-time equivalent position to administer the volunteer health care provider program pursuant to [section 135.24](#).

k. Of the funds appropriated in this subsection, ~~\$50,000~~ \$100,000 shall be used for a matching dental education loan repayment program to be allocated to a dental nonprofit health service corporation to continue to develop the criteria and implement the loan repayment program.

l. Of the funds appropriated in this subsection, ~~\$52,911~~ \$105,823 is transferred to the college student aid commission for deposit in the rural Iowa primary care trust fund created in [section 261.113](#) to be used for the purposes of the fund.

m. Of the funds appropriated in this subsection, ~~\$125,000~~ \$250,000 shall be used for the purposes of the Iowa donor registry as specified in [section 142C.18](#).

n. Of the funds appropriated in this subsection, ~~\$50,000~~ \$100,000 shall be used for continuation of a grant to a nationally affiliated volunteer eye organization that has an established program for children and adults and that is solely dedicated to preserving sight and preventing blindness through education, nationally certified vision screening and training, and community and patient service programs. The organization shall submit a report to the individuals identified in this Act for submission of reports regarding the use of funds allocated under this paragraph "n". The report shall include the objectives and results for the program year including the target population and how the funds allocated assisted the program in meeting the objectives; the number, age, and location within the state of individuals served; the type of services provided to the individuals served; the distribution of funds based on services provided; and the continuing needs of the program.

o. Of the funds appropriated in this subsection, ~~\$1,000,000~~ \$2,000,000 shall be deposited in the medical residency training account created in [section 135.175, subsection 5](#), paragraph "a", and is appropriated from the account to the department of public health to be used for the purposes of the medical residency training state matching grants program as specified in [section 135.176](#). However, notwithstanding any provision to the contrary in [section 135.176](#), priority in the awarding of grants for the fiscal year beginning July 1, 2016, shall be given to sponsors approved but not funded in the prior fiscal year competitive procurement process that proposed preference in the use of the grant funds for internal medicine positions, and priority in the awarding of the remaining moneys shall be given to sponsors that propose

preference in the use of the grant funds for psychiatric residency positions and family practice residency positions.

p. Of the funds appropriated in this subsection, ~~\$78,309~~ \$156,619 is allocated to the university of Iowa hospitals and clinics to continue a systematic and evidence-based practice collaborative care model to improve outcomes of mental health treatment in primary care settings in the state. Funds shall be used to establish the collaborative care model in several primary care practices in rural and urban areas throughout the state, to provide staffing to administer the model, and to provide staff training and database management to track and manage patient outcomes.

q. Of the funds appropriated in this subsection, \$100,000 shall be used by the department of public health to develop recommendations to be submitted in a report by December 15, 2016, as otherwise described in this division of this Act, including those for a broader, more systematic and strategic workforce initiative, which may include a comprehensive study of workforce program needs and the establishment of an advisory workgroup.

5. HEALTHY AGING

To provide public health services that reduce risks and invest in promoting and protecting good health over the course of a lifetime with a priority given to older Iowans and vulnerable populations:

.....	\$	3,648,571
		<u>7,297,142</u>

6. INFECTIOUS DISEASES

For reducing the incidence and prevalence of communicable diseases, and for not more than the following full-time equivalent positions:

.....	\$	667,577
		<u>1,335,155</u>
.....	FTEs	4.00

7. PUBLIC PROTECTION

For protecting the health and safety of the public through establishing standards and enforcing regulations, and for not more than the following full-time equivalent positions:

.....	\$	2,169,595
		<u>4,399,191</u>
.....	FTEs	136.00
		<u>137.00</u>

a. Of the funds appropriated in this subsection, not more than ~~\$227,350~~ \$454,700 shall be credited to the emergency medical services fund created in [section 135.25](#). Moneys in the emergency medical services fund are appropriated to the department to be used for the purposes of the fund.

b. Of the funds appropriated in this subsection, ~~\$101,516~~ \$203,032 shall be used for sexual violence prevention programming through a statewide organization representing programs serving victims of sexual violence through the department’s sexual violence prevention program. The amount allocated in this paragraph “b” shall not be used to supplant funding administered for other sexual violence prevention or victims assistance programs.

c. Of the funds appropriated in this subsection, ~~\$299,375~~ \$598,751 shall be used for the state poison control center. Pursuant to the directive under [2014 Iowa Acts, chapter 1140, section 102](#), the federal matching funds available to the state poison control center from the department of human services under the federal Children’s Health Insurance Program Reauthorization Act allotment shall be subject to the federal administrative cap rule of 10 percent applicable to funding provided under Tit. XXI of the federal Social Security Act and included within the department’s calculations of the cap.

d. Of the funds appropriated in this subsection, ~~\$268,875~~ \$537,750 shall be used for childhood lead poisoning provisions.

8. RESOURCE MANAGEMENT

For establishing and sustaining the overall ability of the department to deliver services to the public, and for not more than the following full-time equivalent positions:

.....	\$	427,536
		<u>1,005,072</u>
.....	FTEs	4.00

9. MISCELLANEOUS PROVISIONS

a. The university of Iowa hospitals and clinics under the control of the state board of regents shall not receive indirect costs from the funds appropriated in this section. The university of Iowa hospitals and clinics billings to the department shall be on at least a quarterly basis.

b. The department of public health shall conduct a sampling of the entities to which appropriated funds are allocated, granted, or otherwise distributed under this section and shall require such entities to submit a progress report to the department by September 1, 2016, which includes the objectives and results of the program since the initial receipt of state funding and how the funds are assisting the program in meeting the objectives, specifying the target population served and the type of services provided, and identifying the continuing needs of the recipient entity and the service population. The department shall review the information reported and shall make recommendations to the governor and the general assembly by December 15, 2016, to realign, bundle, or otherwise redistribute funding to meet the needs identified and improve services during the subsequent fiscal year.

c. The department of public health shall submit a report to the individuals identified in this Act for submission of reports by December 15, 2016, regarding a proposal for realigning, bundling, redistributing, or otherwise adjusting the department’s funding streams to reflect the department’s priorities and goals and to provide increased flexibility in the distribution of funding to meet these priorities and goals. The proposal shall specifically include recommendations for a broader, more systematic and strategic workforce initiative which may include a comprehensive study of workforce program needs and the establishment of an advisory workgroup. The proposal shall also specifically include strategies, developed in collaboration with the department of education, to encourage elementary and secondary education students to pursue careers in the fields of health and health care.

DIVISION IV  
DEPARTMENT OF VETERANS AFFAIRS — FY 2016-2017

Sec. 4. 2015 Iowa Acts, chapter 137, section 124, is amended to read as follows:

SEC. 124. DEPARTMENT OF VETERANS AFFAIRS. There is appropriated from the general fund of the state to the department of veterans affairs for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION

For salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$	600,273
		<u>1,200,546</u>
.....	FTEs	15.00

2. IOWA VETERANS HOME

For salaries, support, maintenance, and miscellaneous purposes:

.....	\$	3,797,498
		<u>7,594,996</u>

a. The Iowa veterans home billings involving the department of human services shall be submitted to the department on at least a monthly basis.

c. Within available resources and in conformance with associated state and federal program eligibility requirements, the Iowa veterans home may implement measures to provide financial assistance to or on behalf of veterans or their spouses who are participating in the community reentry program.

e. The Iowa veterans home shall expand the annual discharge report to also include applicant information and to provide for the collection of demographic information including but not limited to the number of individuals applying for admission and admitted or denied admittance and the basis for the admission or denial; the age, gender, and race of such individuals; and the level of care for which such individuals applied for admission including residential or nursing level of care.

3. HOME OWNERSHIP ASSISTANCE PROGRAM

For transfer to the Iowa finance authority for the continuation of the home ownership assistance program for persons who are or were eligible members of the armed forces of the United States, pursuant to [section 16.54](#):

.....	\$	1,250,000
		<u>2,500,000</u>

Sec. 5. 2015 Iowa Acts, chapter 137, section 125, is amended to read as follows:

SEC. 125. LIMITATION OF COUNTY COMMISSIONS OF VETERAN AFFAIRS FUND STANDING APPROPRIATIONS. Notwithstanding the standing appropriation in [section 35A.16](#) for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the amount appropriated from the general fund of the state pursuant to that section for the following designated purposes shall not exceed the following amount:

For the county commissions of veteran affairs fund under [section 35A.16](#):

.....	\$	495,000
		<u>990,000</u>

DIVISION V  
DEPARTMENT OF HUMAN SERVICES — FY 2016-2017

Sec. 6. 2015 Iowa Acts, chapter 137, section 126, is amended to read as follows:

SEC. 126. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES BLOCK GRANT. There is appropriated from the fund created in [section 8.41](#) to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, from moneys received under the federal temporary assistance for needy families (TANF) block grant pursuant to the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193, and successor legislation, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

1. To be credited to the family investment program account and used for assistance under the family investment program under [chapter 239B](#):

.....	\$	2,568,497
		<u>5,112,462</u>

2. To be credited to the family investment program account and used for the job opportunities and basic skills (JOBS) program and implementing family investment agreements in accordance with [chapter 239B](#):

.....	\$	5,069,089
		<u>5,575,693</u>

3. To be used for the family development and self-sufficiency grant program in accordance with [section 216A.107](#):

.....	\$	1,449,490
		<u>2,898,980</u>

Notwithstanding [section 8.33](#), moneys appropriated in this subsection that remain unencumbered or unobligated at the close of the fiscal year shall not revert but shall remain available for expenditure for the purposes designated until the close of the succeeding fiscal year. However, unless such moneys are encumbered or obligated on or before September 30, 2016 2017, the moneys shall revert.

4. For field operations:

.....	\$	15,648,116
		<u>35,774,331</u>

5. For general administration:

.....	\$	1,872,000
		<u>3,744,000</u>

6. For state child care assistance:

.....	\$	17,523,555
		<u>46,866,826</u>

a. Of the funds appropriated in this subsection, ~~\$13,164,048~~ \$26,328,097 is transferred to the child care and development block grant appropriation made by the Eighty-sixth General Assembly, 2016 Session, for the federal fiscal year beginning October 1, 2016, and

ending September 30, 2017. Of this amount, ~~\$100,000~~ \$200,000 shall be used for provision of educational opportunities to registered child care home providers in order to improve services and programs offered by this category of providers and to increase the number of providers. The department may contract with institutions of higher education or child care resource and referral centers to provide the educational opportunities. Allowable administrative costs under the contracts shall not exceed 5 percent. The application for a grant shall not exceed two pages in length.

b. Any funds appropriated in this subsection remaining unallocated shall be used for state child care assistance payments for families who are employed including but not limited to individuals enrolled in the family investment program.

~~7. For distribution to counties and regions through the property tax relief fund for mental health and disability services as provided in an appropriation made for this purpose:~~

..... \$ 2,447,026

8. For child and family services:  
 ..... \$ 16,042,215  
 ..... 37,256,580

9. For child abuse prevention grants:  
 ..... \$ 62,500  
 ..... 125,000

10. For pregnancy prevention grants on the condition that family planning services are funded:  
 ..... \$ 965,033  
 ..... 1,930,067

Pregnancy prevention grants shall be awarded to programs in existence on or before July 1, 2016, if the programs have demonstrated positive outcomes. Grants shall be awarded to pregnancy prevention programs which are developed after July 1, 2016, if the programs are based on existing models that have demonstrated positive outcomes. Grants shall comply with the requirements provided in [1997 Iowa Acts, chapter 208, section 14, subsections 1 and 2](#), including the requirement that grant programs must emphasize sexual abstinence. Priority in the awarding of grants shall be given to programs that serve areas of the state which demonstrate the highest percentage of unplanned pregnancies of females of childbearing age within the geographic area to be served by the grant.

11. For technology needs and other resources necessary to meet federal welfare reform reporting, tracking, and case management requirements:  
 ..... \$ 518,593  
 ..... 1,037,186

12. For the family investment program share of the costs to continue to develop and maintain a new, integrated eligibility determination system:  
 ..... \$ 3,327,440  
 ..... 5,654,880

13. a. Notwithstanding any provision to the contrary, including but not limited to requirements in [section 8.41](#) or provisions in 2015 or 2016 Iowa Acts regarding the receipt and appropriation of federal block grants, federal funds from the temporary assistance for needy families block grant received by the state and not otherwise appropriated in this section and remaining available for the fiscal year beginning July 1, 2016, are appropriated to the department of human services to the extent as may be necessary to be used in the following priority order: the family investment program, for state child care assistance program payments for families who are employed, and for the family investment program share of costs to develop and maintain a new, integrated eligibility determination system. The federal funds appropriated in this paragraph “a” shall be expended only after all other funds appropriated in subsection 1 for the assistance under the family investment program, in subsection 6 for child care assistance, or in subsection 12 for the family investment program share of the costs to continue to develop and maintain a new, integrated eligibility determination system, as applicable, have been expended. For the purposes of this subsection, the funds appropriated in subsection 6, paragraph “a”, for transfer to the child care and development block grant appropriation are considered fully expended when the full amount has been transferred.

b. The department shall, on a quarterly basis, advise the legislative services agency and department of management of the amount of funds appropriated in this subsection that was expended in the prior quarter.

14. Of the amounts appropriated in this section, ~~\$6,481,004~~ \$12,962,008 for the fiscal year beginning July 1, 2016, is transferred to the appropriation of the federal social services block grant made to the department of human services for that fiscal year.

15. For continuation of the program providing categorical eligibility for the food assistance program as specified for the program in the section of this division of this 2016 Act relating to the family investment program account:

.....	\$	<u>12,500</u>
		<u>25,000</u>

16. The department may transfer funds allocated in this section to the appropriations made in this division of this Act for the same fiscal year for general administration and field operations for resources necessary to implement and operate the services referred to in this section and those funded in the appropriation made in this division of this Act for the same fiscal year for the family investment program from the general fund of the state.

Sec. 7. 2015 Iowa Acts, chapter 137, section 127, is amended to read as follows:

SEC. 127. FAMILY INVESTMENT PROGRAM ACCOUNT.

1. Moneys credited to the family investment program (FIP) account for the fiscal year beginning July 1, 2016, and ending June 30, 2017, shall be used to provide assistance in accordance with [chapter 239B](#).

2. The department may use a portion of the moneys credited to the FIP account under this section as necessary for salaries, support, maintenance, and miscellaneous purposes.

3. The department may transfer funds allocated in subsection 4 to the appropriations made in this division of this Act for the same fiscal year for general administration and field operations for resources necessary to implement and operate the family investment program services referred to in this section and those funded in the appropriation made in this division of this Act for the same fiscal year for the family investment program from the general fund of the state.

4. Moneys appropriated in this division of this Act and credited to the FIP account for the fiscal year beginning July 1, 2016, and ending June 30, 2017, are allocated as follows:

a. To be retained by the department of human services to be used for coordinating with the department of human rights to more effectively serve participants in FIP and other shared clients and to meet federal reporting requirements under the federal temporary assistance for needy families block grant:

.....	\$	<u>10,000</u>
		<u>20,000</u>

b. To the department of human rights for staffing, administration, and implementation of the family development and self-sufficiency grant program in accordance with [section 216A.107](#):

.....	\$	<u>3,096,417</u>
		<u>6,192,834</u>

(1) Of the funds allocated for the family development and self-sufficiency grant program in this paragraph "b", not more than 5 percent of the funds shall be used for the administration of the grant program.

(2) The department of human rights may continue to implement the family development and self-sufficiency grant program statewide during fiscal year 2016-2017.

(3) The department of human rights may engage in activities to strengthen and improve family outcomes measures and data collection systems under the family development and self-sufficiency grant program.

c. For the diversion subaccount of the FIP account:

.....	\$	<u>407,500</u>
		<u>815,000</u>

A portion of the moneys allocated for the subaccount may be used for field operations, salaries, data management system development, and implementation costs and support deemed necessary by the director of human services in order to administer the FIP diversion

program. To the extent moneys allocated in this paragraph “c” are not deemed by the department to be necessary to support diversion activities, such moneys may be used for other efforts intended to increase engagement by family investment program participants in work, education, or training activities.

d. For the food assistance employment and training program:

..... \$ 33,294  
66,588

(1) The department shall apply the federal supplemental nutrition assistance program (SNAP) employment and training state plan in order to maximize to the fullest extent permitted by federal law the use of the 50 percent federal reimbursement provisions for the claiming of allowable federal reimbursement funds from the United States department of agriculture pursuant to the federal SNAP employment and training program for providing education, employment, and training services for eligible food assistance program participants, including but not limited to related dependent care and transportation expenses.

(2) The department shall continue the categorical federal food assistance program eligibility at 160 percent of the federal poverty level and continue to eliminate the asset test from eligibility requirements, consistent with federal food assistance program requirements. The department shall include as many food assistance households as is allowed by federal law. The eligibility provisions shall conform to all federal requirements including requirements addressing individuals who are incarcerated or otherwise ineligible.

e. For the JOBS program:

..... \$ 8,770,199  
16,129,101

5. Of the child support collections assigned under FIP, an amount equal to the federal share of support collections shall be credited to the child support recovery appropriation made in this division of this Act. Of the remainder of the assigned child support collections received by the child support recovery unit, a portion shall be credited to the FIP account, a portion may be used to increase recoveries, and a portion may be used to sustain cash flow in the child support payments account. If as a consequence of the appropriations and allocations made in this section the resulting amounts are insufficient to sustain cash assistance payments and meet federal maintenance of effort requirements, the department shall seek supplemental funding. If child support collections assigned under FIP are greater than estimated or are otherwise determined not to be required for maintenance of effort, the state share of either amount may be transferred to or retained in the child support payments account.

6. The department may adopt emergency rules for the family investment, JOBS, food assistance, and medical assistance programs if necessary to comply with federal requirements.

Sec. 8. 2015 Iowa Acts, chapter 137, section 128, is amended to read as follows:

SEC. 128. FAMILY INVESTMENT PROGRAM GENERAL FUND. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

To be credited to the family investment program (FIP) account and used for family investment program assistance under [chapter 239B](#):

..... \$ 24,336,937  
48,673,875

1. Of the funds appropriated in this section, ~~\$3,701,110~~ \$10,553,408 is allocated for the JOBS program.

2. Of the funds appropriated in this section, ~~\$1,656,927~~ \$3,313,854 is allocated for the family development and self-sufficiency grant program.

3. Notwithstanding [section 8.39](#), for the fiscal year beginning July 1, 2016, if necessary to meet federal maintenance of effort requirements; or to transfer federal temporary assistance for needy families block grant funding to be used for purposes of the federal social services block grant; or to meet cash flow needs resulting from delays in receiving federal funding; or to implement, in accordance with this division of this Act, activities currently funded with

juvenile court services, county, or community moneys and state moneys used in combination with such moneys; to comply with federal requirements; or to maximize the use of federal funds, the department of human services may transfer funds within or between any of the appropriations made in this division of this Act and appropriations in law for the federal social services block grant to the department for the following purposes, provided that the combined amount of state and federal temporary assistance for needy families block grant funding for each appropriation remains the same before and after the transfer:

- a. For the family investment program.
- b. For child care assistance.
- c. For child and family services.
- d. For field operations.
- e. For general administration.
- f. ~~For distribution to counties or regions through the property tax relief fund for mental health and disability services as provided in an appropriation for this purpose.~~

This subsection shall not be construed to prohibit the use of existing state transfer authority for other purposes. The department shall report any transfers made pursuant to this subsection to the legislative services agency.

4. Of the funds appropriated in this section, ~~\$97,839~~ \$195,678 shall be used for continuation of a grant to an Iowa-based nonprofit organization with a history of providing tax preparation assistance to low-income Iowans in order to expand the usage of the earned income tax credit. The purpose of the grant is to supply this assistance to underserved areas of the state.

5. Of the funds appropriated in this section, ~~\$30,000~~ \$60,000 shall be used for the continuation of an unfunded pilot project, as defined in 441 IAC 100.1, relating to parental obligations, in which the child support recovery unit participates, to support the efforts of a nonprofit organization committed to strengthening the community through youth development, healthy living, and social responsibility headquartered in a county with a population over 350,000. The funds allocated in this subsection shall be used by the recipient organization to develop a larger community effort, through public and private partnerships, to support a broad-based multi-county fatherhood initiative that promotes payment of child support obligations, improved family relationships, and full-time employment.

6. The department may transfer funds appropriated in this section to the appropriations made in this division of this Act for general administration and field operations as necessary to administer this section and the overall family investment program.

Sec. 9. 2015 Iowa Acts, chapter 137, section 129, is amended to read as follows:

SEC. 129. CHILD SUPPORT RECOVERY. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

For child support recovery, including salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$	7,331,686
.....		<u>14,663,373</u>
.....	FTEs	464.00

1. The department shall expend up to ~~\$12,164~~ \$24,329, including federal financial participation, for the fiscal year beginning July 1, 2016, for a child support public awareness campaign. The department and the office of the attorney general shall cooperate in continuation of the campaign. The public awareness campaign shall emphasize, through a variety of media activities, the importance of maximum involvement of both parents in the lives of their children as well as the importance of payment of child support obligations.

2. Federal access and visitation grant moneys shall be issued directly to private not-for-profit agencies that provide services designed to increase compliance with the child access provisions of court orders, including but not limited to neutral visitation sites and mediation services.

3. The appropriation made to the department for child support recovery may be used throughout the fiscal year in the manner necessary for purposes of cash flow management, and for cash flow management purposes the department may temporarily draw more than

the amount appropriated, provided the amount appropriated is not exceeded at the close of the fiscal year.

4. With the exception of the funding amount specified, the requirements established under 2001 Iowa Acts, chapter 191, section 3, subsection 5, paragraph “c”, subparagraph (3), shall be applicable to parental obligation pilot projects for the fiscal year beginning July 1, 2016, and ending June 30, 2017. Notwithstanding 441 IAC 100.8, providing for termination of rules relating to the pilot projects, the rules shall remain in effect until June 30, 2017.

Sec. 10. 2015 Iowa Acts, chapter 137, section 132, is amended to read as follows:

SEC. 132. MEDICAL ASSISTANCE. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For medical assistance program reimbursement and associated costs as specifically provided in the reimbursement methodologies in effect on June 30, 2016, except as otherwise expressly authorized by law, consistent with options under federal law and regulations, and contingent upon receipt of approval from the office of the governor of reimbursement for each abortion performed under the program:

.....	\$	651,595,782
		<u>1,318,246,446</u>

1. Iowans support reducing the number of abortions performed in our state. Funds appropriated under this section shall not be used for abortions, unless otherwise authorized under this section.

2. The provisions of this section relating to abortions shall also apply to the Iowa health and wellness plan created pursuant to chapter 249N.

3. The department shall utilize not more than ~~\$30,000~~ \$60,000 of the funds appropriated in this section to continue the AIDS/HIV health insurance premium payment program as established in 1992 Iowa Acts, Second Extraordinary Session, chapter 1001, section 409, subsection 6. Of the funds allocated in this subsection, not more than ~~\$2,500~~ \$5,000 may be expended for administrative purposes.

4. Of the funds appropriated in this Act to the department of public health for addictive disorders, ~~\$475,000~~ \$950,000 for the fiscal year beginning July 1, 2016, is transferred to the department of human services for an integrated substance-related disorder managed care system. The department shall not assume management of the substance-related disorder system in place of the managed care contractor unless such a change in approach is specifically authorized in law. The departments of human services and public health shall work together to maintain the level of mental health and substance-related disorder treatment services provided by the managed care contractor through the Iowa plan for behavioral health contractors. Each department shall take the steps necessary to continue the federal waivers as necessary to maintain the level of services.

5. a. The department shall aggressively pursue options for providing medical assistance or other assistance to individuals with special needs who become ineligible to continue receiving services under the early and periodic screening, diagnostic, and treatment program under the medical assistance program due to becoming 21 years of age who have been approved for additional assistance through the department’s exception to policy provisions, but who have health care needs in excess of the funding available through the exception to policy provisions.

b. Of the funds appropriated in this section, ~~\$50,000~~ \$100,000 shall be used for participation in one or more pilot projects operated by a private provider to allow the individual or individuals to receive service in the community in accordance with principles established in *Olmstead v. L.C.*, 527 U.S. 581 (1999), for the purpose of providing medical assistance or other assistance to individuals with special needs who become ineligible to continue receiving services under the early and periodic screening, diagnostic, and treatment program under the medical assistance program due to becoming 21 years of age who have been approved for additional assistance through the department’s exception to policy provisions, but who have health care needs in excess of the funding available through the exception to the policy provisions.

6. Of the funds appropriated in this section, up to ~~\$1,525,041~~ \$3,050,082 may be transferred to the field operations or general administration appropriations in this division of this Act for operational costs associated with Part D of the federal Medicare Prescription Drug Improvement and Modernization Act of 2003, Pub. L. No. 108-173.

7. Of the funds appropriated in this section, up to ~~\$221,050~~ \$442,100 may be transferred to the appropriation in this division of this Act for medical contracts to be used for clinical assessment services and prior authorization of services.

8. A portion of the funds appropriated in this section may be transferred to the appropriations in this division of this Act for general administration, medical contracts, the children’s health insurance program, or field operations to be used for the state match cost to comply with the payment error rate measurement (PERM) program for both the medical assistance and children’s health insurance programs as developed by the centers for Medicare and Medicaid services of the United States department of health and human services to comply with the federal Improper Payments Information Act of 2002, Pub. L. No. 107-300.

9. The department shall continue to implement the recommendations of the assuring better child health and development initiative II (ABCDII) clinical panel to the Iowa early and periodic screening, diagnostic, and treatment services healthy mental development collaborative board regarding changes to billing procedures, codes, and eligible service providers.

10. Of the funds appropriated in this section, a sufficient amount is allocated to supplement the incomes of residents of nursing facilities, intermediate care facilities for persons with mental illness, and intermediate care facilities for persons with an intellectual disability, with incomes of less than \$50 in the amount necessary for the residents to receive a personal needs allowance of \$50 per month pursuant to [section 249A.30A](#).

11. ~~Of the funds appropriated in this section, the following amounts are transferred to the appropriations made in this division of this Act for the state mental health institutes:~~

a. Cherokee mental health institute .....	\$ 4,549,212
b. Independence mental health institute .....	\$ 4,522,947

12. a. Of the funds appropriated in this section, ~~\$2,041,939~~ \$3,000,000 is allocated for the state match for a disproportionate share hospital payment of ~~\$4,544,712~~ \$6,861,848 to hospitals that meet both of the conditions specified in subparagraphs (1) and (2). In addition, the hospitals that meet the conditions specified shall either certify public expenditures or transfer to the medical assistance program an amount equal to provide the nonfederal share for a disproportionate share hospital payment of ~~\$8,772,003~~ \$19,771,582. The hospitals that meet the conditions specified shall receive and retain 100 percent of the total disproportionate share hospital payment of ~~\$13,316,715~~ \$26,633,430.

(1) The hospital qualifies for disproportionate share and graduate medical education payments.

(2) The hospital is an Iowa state-owned hospital with more than 500 beds and eight or more distinct residency specialty or subspecialty programs recognized by the American college of graduate medical education.

b. Distribution of the disproportionate share payments shall be made on a monthly basis. The total amount of disproportionate share payments including graduate medical education, enhanced disproportionate share, and Iowa state-owned teaching hospital payments shall not exceed the amount of the state’s allotment under Pub. L. No. 102-234. In addition, the total amount of all disproportionate share payments shall not exceed the hospital-specific disproportionate share limits under Pub. L. No. 103-66.

c. The university of Iowa hospitals and clinics shall either certify public expenditures or transfer to the appropriations made in this division of this Act for medical assistance an amount equal to provide the nonfederal share for increased medical assistance payments for inpatient and outpatient hospital services of ~~\$4,950,000~~ \$9,900,000. The university of Iowa hospitals and clinics shall receive and retain 100 percent of the total increase in medical assistance payments.

d. Payment methodologies utilized for disproportionate share hospitals and graduate medical education, and other supplemental payments under the Medicaid program may be adjusted or converted to other methodologies or payment types to provide these payments

through Medicaid managed care after April 1, 2016. The department of human services shall obtain approval from the centers for Medicare and Medicaid services of the United States department of health and human services prior to implementation of any such adjusted or converted methodologies or payment types.

13. One hundred percent of the nonfederal share of payments to area education agencies that are medical assistance providers for medical assistance-covered services provided to medical assistance-covered children, shall be made from the appropriation made in this section.

~~14. Any new or renewed contract entered into by the department with a third party to administer services under the medical assistance program shall provide that any interest earned on payments from the state during the state fiscal year shall be remitted to the department and treated as recoveries to offset the costs of the medical assistance program.~~

15. A portion of the funds appropriated in this section may be transferred to the appropriation in this division of this Act for medical contracts to be used for administrative activities associated with the money follows the person demonstration project.

16. Of the funds appropriated in this section, ~~\$174,505~~ \$349,011 shall be used for the administration of the health insurance premium payment program, including salaries, support, maintenance, and miscellaneous purposes.

17. a. The department may increase the amounts allocated for salaries, support, maintenance, and miscellaneous purposes associated with the medical assistance program, as necessary, to implement cost containment strategies. The department shall report any such increase to the legislative services agency and the department of management.

b. If the savings to the medical assistance program from cost containment efforts exceed the cost for the fiscal year beginning July 1, 2016, the department may transfer any savings generated for the fiscal year due to medical assistance program cost containment efforts to the appropriation made in this division of this Act for medical contracts or general administration to defray the increased contract costs associated with implementing such efforts.

18. For the fiscal year beginning July 1, 2016, and ending June 30, 2017, the replacement generation tax revenues required to be deposited in the property tax relief fund pursuant to [section 437A.8, subsection 4](#), paragraph “d”, and [section 437A.15, subsection 3](#), paragraph “f”, shall instead be credited to and supplement the appropriation made in this section and used for the allocations made in this section.

~~19. The department shall continue to administer the state balancing incentive payments program as specified in [2012 Iowa Acts, chapter 1133, section 14](#).~~

20. a. Of the funds appropriated in this section, up to ~~\$25,000~~ \$50,000 may be transferred by the department to the appropriation made in this division of this Act to the department for the same fiscal year for general administration to be used for associated administrative expenses and for not more than one full-time equivalent position, in addition to those authorized for the same fiscal year, to be assigned to implementing the children’s mental health home project.

b. Of the funds appropriated in this section, up to ~~\$200,000~~ \$400,000 may be transferred by the department to the appropriation made to the department in this division of this Act for the same fiscal year for Medicaid program-related general administration planning and implementation activities. The funds may be used for contracts or for personnel in addition to the amounts appropriated for and the positions authorized for general administration for the fiscal year.

c. Of the funds appropriated in this section, up to ~~\$1,500,000~~ \$3,000,000 may be transferred by the department to the appropriations made in this division of this Act for the same fiscal year for general administration or medical contracts to be used to support the development and implementation of standardized assessment tools for persons with mental illness, an intellectual disability, a developmental disability, or a brain injury.

21. Of the funds appropriated in this section, ~~\$125,000~~ \$250,000 shall be used for lodging expenses associated with care provided at the university of Iowa hospitals and clinics for patients with cancer whose travel distance is 30 miles or more and whose income is at or below 200 percent of the federal poverty level as defined by the most recently revised poverty income guidelines published by the United States department of health and human services. The department of human services shall establish the maximum number of overnight stays

and the maximum rate reimbursed for overnight lodging, which may be based on the state employee rate established by the department of administrative services. The funds allocated in this subsection shall not be used as nonfederal share matching funds.

\*23. The department of human services shall not implement the following cost containment strategies as recommended by the governor for the fiscal year beginning July 1, 2016:

a. A policy to ensure that reimbursement for Medicare Part A and Medicare Part B crossover claims is limited to the Medicaid reimbursement rate.

b. An adjustment to the reimbursement policy in order to end the primary care physician rate increase originally authorized by the federal Health Care and Education Reconciliation Act of 2010, section 1202, Pub. L. No. 111-152, 42 U.S.C. §1396a(a)(13)(C) that allows qualified primary care physicians to receive the greater of the Medicare rate or Medicaid rate for a specified set of codes.\*

\*24. The department shall report the implementation of any cost containment strategies to the individuals specified in this division of this Act for submission of reports upon implementation.\*

25. The department shall report the implementation of any improved processing changes and any related cost reductions to the individuals specified in this division of this Act for submission of reports upon implementation.

26. Of the funds appropriated in this section, \$2,000,000 shall be used to implement reductions in the waiting lists of all medical assistance home and community-based services waivers.

27. The department shall submit a report to the individuals identified in this Act for submission of reports, regarding the impact of changes in home and community-based services waiver supported employment and prevocational services by December 15, 2016.

28. Any dental benefit manager contracting with the department of human services for the dental wellness plan on or after July 1, 2016, shall meet the same contract requirements. Readiness review of such a dental benefit manager shall be based on the criteria applicable to the dental wellness plan when implemented on May 1, 2014, including but not limited to network adequacy, access to services, performance measures, benefit design, and other requirements as determined by the department for the dental wellness program. Any dental benefit manager that has been approved by a readiness review prior to July 1, 2016, shall not be required to repeat such review for the department.

29. The department of human services shall review the fiscal impact and potential benefit to Medicaid recipients of including single-tablet regimens or long-acting alternatives for the treatment of HIV or acquired immune deficiency syndrome on the preferred drug list, as an alternative to multi-tablet regimens. The department shall identify opportunities to align the cost of single-tablet regimens for the treatment of HIV or acquired immune deficiency syndrome with the corresponding multi-tablet regimens, and shall pursue manufacturer supplemental rebate offers through the sovereign states drug consortium supplemental rebate negotiation process to determine if any supplemental rebate opportunities are available for calendar year 2018. If such opportunities are available, the department shall implement any such supplemental rebate offer opportunities beginning in calendar year 2018.

Sec. 11. 2015 Iowa Acts, chapter 137, section 133, is amended to read as follows:

SEC. 133. MEDICAL CONTRACTS. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For medical contracts:

.....	\$	9,806,982
		<u>17,045,964</u>

1. The department of inspections and appeals shall provide all state matching funds for survey and certification activities performed by the department of inspections and appeals.

\* Item veto; see message at end of the Act

The department of human services is solely responsible for distributing the federal matching funds for such activities.

2. Of the funds appropriated in this section, ~~\$25,000~~ \$50,000 shall be used for continuation of home and community-based services waiver quality assurance programs, including the review and streamlining of processes and policies related to oversight and quality management to meet state and federal requirements.

3. Of the amount appropriated in this section, up to ~~\$100,000~~ \$200,000 may be transferred to the appropriation for general administration in this division of this Act to be used for additional full-time equivalent positions in the development of key health initiatives such as cost containment, development and oversight of managed care programs, and development of health strategies targeted toward improved quality and reduced costs in the Medicaid program.

4. Of the funds appropriated in this section, ~~\$500,000~~ \$1,000,000 shall be used for planning and development, in cooperation with the department of public health, of a phased-in program to provide a dental home for children.

5. Of the funds appropriated in this section, ~~\$1,000,000~~ \$2,000,000 shall be credited to the autism support program fund created in section 225D.2 to be used for the autism support program created in chapter 225D, with the exception of the following amounts of this allocation which shall be used as follows:

a. Of the funds allocated in this subsection, ~~\$125,000~~ \$250,000 shall be deposited in the board-certified behavior analyst and board-certified assistant behavior analyst grants program fund created in section 135.181, as ~~enacted in this Act~~, to be used for the purposes of the fund.

b. Of the funds allocated in this subsection, ~~\$12,500~~ \$25,000 shall be used for the public purpose of continuation of a grant to a child welfare services provider headquartered in a county with a population between 205,000 and 215,000 in the latest certified federal census that provides multiple services including but not limited to a psychiatric medical institution for children, shelter, residential treatment, after school programs, school-based programming, and an Asperger’s syndrome program, to be used for support services for children with autism spectrum disorder and their families.

c. Of the funds allocated in this subsection, ~~\$12,500~~ \$25,000 shall be used for the public purpose of continuing a grant to a hospital-based provider headquartered in a county with a population between 90,000 and 95,000 in the latest certified federal census that provides multiple services including but not limited to diagnostic, therapeutic, and behavioral services to individuals with autism spectrum disorder across one’s lifespan. The grant recipient shall utilize the funds to continue the pilot project to determine the necessary support services for children with autism spectrum disorder and their families to be included in the children’s disabilities services system. The grant recipient shall submit findings and recommendations based upon the results of the pilot project to the individuals specified in this division of this Act for submission of reports by ~~December 31, 2015~~ 2016.

Sec. 12. 2015 Iowa Acts, chapter 137, section 134, is amended to read as follows:

SEC. 134. STATE SUPPLEMENTARY ASSISTANCE.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For the state supplementary assistance program:

..... \$ 6,498,593  
11,611,442

2. The department shall increase the personal needs allowance for residents of residential care facilities by the same percentage and at the same time as federal supplemental security income and federal social security benefits are increased due to a recognized increase in the cost of living. The department may adopt emergency rules to implement this subsection.

3. If during the fiscal year beginning July 1, 2016, the department projects that state supplementary assistance expenditures for a calendar year will not meet the federal pass-through requirement specified in Tit. XVI of the federal Social Security Act, section 1618, as codified in 42 U.S.C. §1382g, the department may take actions including but not

limited to increasing the personal needs allowance for residential care facility residents and making programmatic adjustments or upward adjustments of the residential care facility or in-home health-related care reimbursement rates prescribed in this division of this Act to ensure that federal requirements are met. In addition, the department may make other programmatic and rate adjustments necessary to remain within the amount appropriated in this section while ensuring compliance with federal requirements. The department may adopt emergency rules to implement the provisions of this subsection.

Sec. 13. 2015 Iowa Acts, chapter 137, section 135, is amended to read as follows:

SEC. 135. CHILDREN'S HEALTH INSURANCE PROGRAM.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For maintenance of the healthy and well kids in Iowa (hawk-i) program pursuant to [chapter 514I](#), including supplemental dental services, for receipt of federal financial participation under Tit. XXI of the federal Social Security Act, which creates the children's health insurance program:

.....	\$	10,206,922
		<u>9,176,652</u>

2. Of the funds appropriated in this section, ~~\$21,400~~ \$42,800 is allocated for continuation of the contract for outreach with the department of public health.

Sec. 14. 2015 Iowa Acts, chapter 137, section 136, is amended to read as follows:

SEC. 136. CHILD CARE ASSISTANCE. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For child care programs:

.....	\$	25,704,334
		<u>36,389,561</u>

1. Of the funds appropriated in this section, ~~\$21,844,620~~ \$30,039,561 shall be used for state child care assistance in accordance with [section 237A.13](#).

2. Nothing in this section shall be construed or is intended as or shall imply a grant of entitlement for services to persons who are eligible for assistance due to an income level consistent with the waiting list requirements of [section 237A.13](#). Any state obligation to provide services pursuant to this section is limited to the extent of the funds appropriated in this section.

3. ~~Of the funds appropriated in this section, \$216,226 is allocated for the statewide grant program for child care resource and referral services under [section 237A.26](#).~~ A list of the registered and licensed child care facilities operating in the area served by a child care resource and referral service shall be made available to the families receiving state child care assistance in that area.

4. ~~Of the funds appropriated in this section, \$468,487 is allocated for child care quality improvement initiatives including but not limited to the voluntary quality rating system in accordance with [section 237A.30](#).~~

5. Of the funds appropriated in this section, ~~\$3,175,000~~ \$6,350,000 shall be credited to the early childhood programs grants account in the early childhood Iowa fund created in [section 256I.11](#). The moneys shall be distributed for funding of community-based early childhood programs targeted to children from birth through five years of age developed by early childhood Iowa areas in accordance with approved community plans as provided in [section 256I.8](#).

6. The department may use any of the funds appropriated in this section as a match to obtain federal funds for use in expanding child care assistance and related programs. For the purpose of expenditures of state and federal child care funding, funds shall be considered obligated at the time expenditures are projected or are allocated to the department's service areas. Projections shall be based on current and projected caseload growth, current and projected provider rates, staffing requirements for eligibility determination and management

of program requirements including data systems management, staffing requirements for administration of the program, contractual and grant obligations and any transfers to other state agencies, and obligations for decategorization or innovation projects.

7. A portion of the state match for the federal child care and development block grant shall be provided as necessary to meet federal matching funds requirements through the state general fund appropriation made for child development grants and other programs for at-risk children in [section 279.51](#).

8. If a uniform reduction ordered by the governor under [section 8.31](#) or other operation of law, transfer, or federal funding reduction reduces the appropriation made in this section for the fiscal year, the percentage reduction in the amount paid out to or on behalf of the families participating in the state child care assistance program shall be equal to or less than the percentage reduction made for any other purpose payable from the appropriation made in this section and the federal funding relating to it. The percentage reduction to the other allocations made in this section shall be the same as the uniform reduction ordered by the governor or the percentage change of the federal funding reduction, as applicable. If there is an unanticipated increase in federal funding provided for state child care assistance, the entire amount of the increase shall be used for state child care assistance payments. If the appropriations made for purposes of the state child care assistance program for the fiscal year are determined to be insufficient, it is the intent of the general assembly to appropriate sufficient funding for the fiscal year in order to avoid establishment of waiting list requirements.

9. Notwithstanding [section 8.33](#), moneys advanced for purposes of the programs developed by early childhood Iowa areas, advanced for purposes of wraparound child care, or received from the federal appropriations made for the purposes of this section that remain unencumbered or unobligated at the close of the fiscal year shall not revert to any fund but shall remain available for expenditure for the purposes designated until the close of the succeeding fiscal year.

Sec. 15. 2015 Iowa Acts, chapter 137, section 137, is amended to read as follows:

SEC. 137. JUVENILE INSTITUTION. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

1. For operation of the state training school at Eldora and for salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$	6,116,710
		<u>12,233,420</u>
.....	FTEs	169.30
		<u>188.30</u>

Of the funds appropriated in this subsection, ~~\$45,575~~ \$91,150 shall be used for distribution to licensed classroom teachers at this and other institutions under the control of the department of human services based upon the average student yearly enrollment at each institution as determined by the department.

2. A portion of the moneys appropriated in this section shall be used by the state training school at Eldora for grants for adolescent pregnancy prevention activities at the institution in the fiscal year beginning July 1, 2016.

Sec. 16. 2015 Iowa Acts, chapter 137, section 138, is amended to read as follows:

SEC. 138. CHILD AND FAMILY SERVICES.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For child and family services:

.....	\$	42,670,969
		<u>84,482,419</u>

~~2. Up to \$2,600,000 of the amount of federal temporary assistance for needy families block grant funding appropriated in this division of this Act for child and family services shall be made available for purposes of juvenile delinquent graduated sanction services.~~

3. The department may transfer funds appropriated in this section as necessary to pay the nonfederal costs of services reimbursed under the medical assistance program, state child care assistance program, or the family investment program which are provided to children who would otherwise receive services paid under the appropriation in this section. The department may transfer funds appropriated in this section to the appropriations made in this division of this Act for general administration and for field operations for resources necessary to implement and operate the services funded in this section.

4. a. Of the funds appropriated in this section, up to ~~\$17,910,893~~ \$35,736,649 is allocated as the statewide expenditure target under [section 232.143](#) for group foster care maintenance and services. If the department projects that such expenditures for the fiscal year will be less than the target amount allocated in this paragraph “a”, the department may reallocate the excess to provide additional funding for shelter care or the child welfare emergency services addressed with the allocation for shelter care.

b. If at any time after September 30, 2016, annualization of a service area’s current expenditures indicates a service area is at risk of exceeding its group foster care expenditure target under [section 232.143](#) by more than 5 percent, the department and juvenile court services shall examine all group foster care placements in that service area in order to identify those which might be appropriate for termination. In addition, any aftercare services believed to be needed for the children whose placements may be terminated shall be identified. The department and juvenile court services shall initiate action to set dispositional review hearings for the placements identified. In such a dispositional review hearing, the juvenile court shall determine whether needed aftercare services are available and whether termination of the placement is in the best interest of the child and the community.

5. In accordance with the provisions of [section 232.188](#), the department shall continue the child welfare and juvenile justice funding initiative during fiscal year 2016-2017. Of the funds appropriated in this section, ~~\$858,876~~ \$1,717,753 is allocated specifically for expenditure for fiscal year 2016-2017 through the decategorization services funding pools and governance boards established pursuant to [section 232.188](#).

6. A portion of the funds appropriated in this section may be used for emergency family assistance to provide other resources required for a family participating in a family preservation or reunification project or successor project to stay together or to be reunified.

7. Notwithstanding [section 234.35](#) or any other provision of law to the contrary, state funding for shelter care and the child welfare emergency services contracting implemented to provide for or prevent the need for shelter care shall be limited to ~~\$4,034,237~~ \$8,096,158.

8. Federal funds received by the state during the fiscal year beginning July 1, 2016, as the result of the expenditure of state funds appropriated during a previous state fiscal year for a service or activity funded under this section are appropriated to the department to be used as additional funding for services and purposes provided for under this section. Notwithstanding [section 8.33](#), moneys received in accordance with this subsection that remain unencumbered or unobligated at the close of the fiscal year shall not revert to any fund but shall remain available for the purposes designated until the close of the succeeding fiscal year.

9. a. Of the funds appropriated in this section, up to ~~\$1,645,000~~ \$3,290,000 is allocated for the payment of the expenses of court-ordered services provided to juveniles who are under the supervision of juvenile court services, which expenses are a charge upon the state pursuant to [section 232.141, subsection 4](#). Of the amount allocated in this paragraph “a”, up to ~~\$778,143~~ \$1,556,287 shall be made available to provide school-based supervision of children adjudicated under [chapter 232](#), of which not more than ~~\$7,500~~ \$15,000 may be used for the purpose of training. A portion of the cost of each school-based liaison officer shall be paid by the school district or other funding source as approved by the chief juvenile court officer.

b. Of the funds appropriated in this section, up to ~~\$374,492~~ \$748,985 is allocated for the payment of the expenses of court-ordered services provided to children who are under the supervision of the department, which expenses are a charge upon the state pursuant to [section 232.141, subsection 4](#).

c. Notwithstanding [section 232.141](#) or any other provision of law to the contrary, the amounts allocated in this subsection shall be distributed to the judicial districts as determined by the state court administrator and to the department's service areas as determined by the administrator of the department of human services' division of child and family services. The state court administrator and the division administrator shall make the determination of the distribution amounts on or before June 15, 2016.

d. Notwithstanding [chapter 232](#) or any other provision of law to the contrary, a district or juvenile court shall not order any service which is a charge upon the state pursuant to [section 232.141](#) if there are insufficient court-ordered services funds available in the district court or departmental service area distribution amounts to pay for the service. The chief juvenile court officer and the departmental service area manager shall encourage use of the funds allocated in this subsection such that there are sufficient funds to pay for all court-related services during the entire year. The chief juvenile court officers and departmental service area managers shall attempt to anticipate potential surpluses and shortfalls in the distribution amounts and shall cooperatively request the state court administrator or division administrator to transfer funds between the judicial districts' or departmental service areas' distribution amounts as prudent.

e. Notwithstanding any provision of law to the contrary, a district or juvenile court shall not order a county to pay for any service provided to a juvenile pursuant to an order entered under [chapter 232](#) which is a charge upon the state under [section 232.141, subsection 4](#).

f. Of the funds allocated in this subsection, not more than ~~\$41,500~~ \$83,000 may be used by the judicial branch for administration of the requirements under this subsection.

g. Of the funds allocated in this subsection, ~~\$8,500~~ \$17,000 shall be used by the department of human services to support the interstate commission for juveniles in accordance with the interstate compact for juveniles as provided in [section 232.173](#).

10. Of the funds appropriated in this section, ~~\$4,026,613~~ \$13,253,227 is allocated for juvenile delinquent graduated sanctions services. Any state funds saved as a result of efforts by juvenile court services to earn a federal Tit. IV-E match for juvenile court services administration may be used for the juvenile delinquent graduated sanctions services.

11. Of the funds appropriated in this section, ~~\$804,142~~ \$1,658,285 is transferred to the department of public health to be used for the child protection center grant program for child protection centers located in Iowa in accordance with [section 135.118](#). The grant amounts under the program shall be equalized so that each center receives a uniform base amount of ~~\$122,500~~ \$245,000, so that \$50,000 is awarded to establish a satellite child protection center in a city in north central Iowa that is the county seat of a county with a population between 44,000 and 45,000 according to the 2010 federal decennial census, and so that the remaining funds shall be are awarded through a funding formula based upon the volume of children served.

12. If the department receives federal approval to implement a waiver under Tit. IV-E of the federal Social Security Act to enable providers to serve children who remain in the children's families and communities, for purposes of eligibility under the medical assistance program through 25 years of age, children who participate in the waiver shall be considered to be placed in foster care.

13. Of the funds appropriated in this section, ~~\$2,012,583~~ \$4,025,167 is allocated for the preparation for adult living program pursuant to [section 234.46](#).

14. Of the funds appropriated in this section, ~~\$113,668~~ \$227,337 shall be used for the public purpose of continuing a grant to a nonprofit human services organization providing services to individuals and families in multiple locations in southwest Iowa and Nebraska for support of a project providing immediate, sensitive support and forensic interviews, medical exams, needs assessments, and referrals for victims of child abuse and their nonoffending family members.

15. Of the funds appropriated in this section, ~~\$150,310~~ \$300,620 is allocated for the foster care youth council approach of providing a support network to children placed in foster care.

16. Of the funds appropriated in this section, ~~\$101,000~~ \$202,000 is allocated for use pursuant to [section 235A.1](#) for continuation of the initiative to address child sexual abuse implemented pursuant to [2007 Iowa Acts, chapter 218, section 18, subsection 21](#).

17. Of the funds appropriated in this section, ~~\$315,120~~ \$630,240 is allocated for the community partnership for child protection sites.

18. Of the funds appropriated in this section, ~~\$185,625~~ \$371,250 is allocated for the department’s minority youth and family projects under the redesign of the child welfare system.

19. Of the funds appropriated in this section, ~~\$593,297~~ \$1,186,595 is allocated for funding of the community circle of care collaboration for children and youth in northeast Iowa.

20. Of the funds appropriated in this section, at least ~~\$73,579~~ \$147,158 shall be used for the continuation of the child welfare provider training academy, a collaboration between the coalition for family and children’s services in Iowa and the department.

21. Of the funds appropriated in this section, ~~\$105,936~~ \$211,872 shall be used for continuation of the central Iowa system of care program grant through June 30, 2017.

22. Of the funds appropriated in this section, ~~\$117,500~~ \$235,000 shall be used for the public purpose of the continuation and expansion of a system of care program grant implemented in Cerro Gordo and Linn counties to utilize a comprehensive and long-term approach for helping children and families by addressing the key areas in a child’s life of childhood basic needs, education and work, family, and community.

23. Of the funds appropriated in this section, at least ~~\$12,500~~ \$25,000 shall be used to continue and to expand the foster care respite pilot program in which postsecondary students in social work and other human services-related programs receive experience by assisting family foster care providers with respite and other support.

24. Of the funds appropriated in this section, ~~\$55,000~~ \$110,000 shall be used for the public purpose of funding community-based services and other supports with a system of care approach for children with a serious emotional disturbance and their families through a nonprofit provider of child welfare services that has been in existence for more than 115 years, is located in a county with a population of more than 200,000 but less than 220,000 according to the latest census information issued by the United States census bureau, is licensed as a psychiatric medical institution for children, and was a system of care grantee prior to July 1, 2016.

Sec. 17. 2015 Iowa Acts, chapter 137, section 139, is amended to read as follows:

SEC. 139. ADOPTION SUBSIDY.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

a. For adoption subsidy payments and services:

.....	\$	21,499,143
		<u>43,046,664</u>

b. (1) The funds appropriated in this section shall be used as authorized or allowed by federal law or regulation for any of the following purposes:

(a) For adoption subsidy payments and related costs.

(b) For post-adoption services and for other purposes under Tit. IV-B or Tit. IV-E of the federal Social Security Act.

(2) The department of human services may transfer funds appropriated in this subsection to the appropriation for child and family services in this Act for the purposes of post-adoption services as specified in this paragraph “b”.

2. The department may transfer funds appropriated in this section to the appropriation made in this division of this Act for general administration for costs paid from the appropriation relating to adoption subsidy.

3. Federal funds received by the state during the fiscal year beginning July 1, 2016, as the result of the expenditure of state funds during a previous state fiscal year for a service or activity funded under this section are appropriated to the department to be used as additional funding for the services and activities funded under this section. Notwithstanding [section 8.33](#), moneys received in accordance with this subsection that remain unencumbered or unobligated at the close of the fiscal year shall not revert to any fund but shall remain available for expenditure for the purposes designated until the close of the succeeding fiscal year.

Sec. 18. 2015 Iowa Acts, chapter 137, section 141, is amended to read as follows:

SEC. 141. FAMILY SUPPORT SUBSIDY PROGRAM.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For the family support subsidy program subject to the enrollment restrictions in [section 225C.37, subsection 3](#):

.....	\$	536,966
		<u>1,069,282</u>

2. ~~The department shall use at least \$320,750~~ \$727,500 of the moneys appropriated in this section ~~is transferred to the department of public health~~ for the family support center component of the comprehensive family support program under [section 225C.47 chapter 225C, subchapter V](#). ~~Not more than \$12,500 of the amount allocated in this subsection shall be used for administrative costs.~~ The department of human services shall submit a report to the individuals identified in this Act for submission of reports by December 15, 2016, regarding the outcomes of the program and recommendations for future program improvement.

3. If at any time during the fiscal year, the amount of funding available for the family support subsidy program is reduced from the amount initially used to establish the figure for the number of family members for whom a subsidy is to be provided at any one time during the fiscal year, notwithstanding [section 225C.38, subsection 2](#), the department shall revise the figure as necessary to conform to the amount of funding available.

Sec. 19. 2015 Iowa Acts, chapter 137, section 142, is amended to read as follows:

SEC. 142. CONNER DECREE. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For building community capacity through the coordination and provision of training opportunities in accordance with the consent decree of Conner v. Branstad, No. 4-86-CV-30871(S.D. Iowa, July 14, 1994):

.....	\$	16,816
		<u>33,632</u>

Sec. 20. 2015 Iowa Acts, chapter 137, section 143, is amended to read as follows:

SEC. 143. MENTAL HEALTH INSTITUTES. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amounts, or so much thereof as is necessary, to be used for the purposes designated ~~which amounts shall not be transferred or expended for any purpose other than the purposes designated, notwithstanding [section 218.6](#) to the contrary~~:

1. For operation of the state mental health institute at Cherokee as required by [chapters 218 and 226](#) for salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$	2,772,808
		<u>14,644,041</u>
.....	FTEs	169.20

2. For operation of the state mental health institute at Independence as required by [chapters 218 and 226](#) for salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$	5,162,104
		<u>18,552,103</u>
.....	FTEs	233.00

Sec. 21. 2015 Iowa Acts, chapter 137, section 144, is amended to read as follows:

SEC. 144. STATE RESOURCE CENTERS.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amounts, or so much thereof as is necessary, to be used for the purposes designated:

a. For the state resource center at Glenwood for salaries, support, maintenance, and miscellaneous purposes:

..... \$ 10,762,241  
20,719,486

b. For the state resource center at Woodward for salaries, support, maintenance, and miscellaneous purposes:

..... \$ 7,291,903  
14,053,011

2. The department may continue to bill for state resource center services utilizing a scope of services approach used for private providers of intermediate care facilities for persons with an intellectual disability services, in a manner which does not shift costs between the medical assistance program, counties, or other sources of funding for the state resource centers.

3. The state resource centers may expand the time-limited assessment and respite services during the fiscal year.

4. If the department’s administration and the department of management concur with a finding by a state resource center’s superintendent that projected revenues can reasonably be expected to pay the salary and support costs for a new employee position, or that such costs for adding a particular number of new positions for the fiscal year would be less than the overtime costs if new positions would not be added, the superintendent may add the new position or positions. If the vacant positions available to a resource center do not include the position classification desired to be filled, the state resource center’s superintendent may reclassify any vacant position as necessary to fill the desired position. The superintendents of the state resource centers may, by mutual agreement, pool vacant positions and position classifications during the course of the fiscal year in order to assist one another in filling necessary positions.

5. If existing capacity limitations are reached in operating units, a waiting list is in effect for a service or a special need for which a payment source or other funding is available for the service or to address the special need, and facilities for the service or to address the special need can be provided within the available payment source or other funding, the superintendent of a state resource center may authorize opening not more than two units or other facilities and begin implementing the service or addressing the special need during fiscal year 2016-2017.

Sec. 22. 2015 Iowa Acts, chapter 137, section 145, is amended to read as follows:

SEC. 145. SEXUALLY VIOLENT PREDATORS.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For costs associated with the commitment and treatment of sexually violent predators in the unit located at the state mental health institute at Cherokee, including costs of legal services and other associated costs, including salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

..... \$ 4,946,539  
10,193,079  
..... FTEs 132.50

2. Unless specifically prohibited by law, if the amount charged provides for recoupment of at least the entire amount of direct and indirect costs, the department of human services may contract with other states to provide care and treatment of persons placed by the other states at the unit for sexually violent predators at Cherokee. The moneys received under such a contract shall be considered to be repayment receipts and used for the purposes of the appropriation made in this section.

Sec. 23. 2015 Iowa Acts, chapter 137, section 146, is amended to read as follows:

SEC. 146. FIELD OPERATIONS. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

For field operations, including salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$	29,460,488
		<u>54,442,877</u>
.....	FTEs	1,837.00

2. Priority in filling full-time equivalent positions shall be given to those positions related to child protection services and eligibility determination for low-income families.

Sec. 24. 2015 Iowa Acts, chapter 137, section 147, is amended to read as follows:

SEC. 147. GENERAL ADMINISTRATION. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For general administration, including salaries, support, maintenance, and miscellaneous purposes, and for not more than the following full-time equivalent positions:

.....	\$	7,449,099
		<u>15,673,198</u>
.....	FTEs	309.00

2. Of the funds appropriated in this section, ~~\$75,000~~ \$150,000 shall be used to continue the contract for the provision of a program to provide technical assistance, support, and consultation to providers of habilitation services and home and community-based services waiver services for adults with disabilities under the medical assistance program.

3. Of the funds appropriated in this section, ~~\$25,000~~ \$50,000 is transferred to the Iowa finance authority to be used for administrative support of the council on homelessness established in [section 16.2D](#) and for the council to fulfill its duties in addressing and reducing homelessness in the state.

4. Of the funds appropriated in this section, ~~\$125,000~~ \$250,000 shall be transferred to and deposited in the administrative fund of the Iowa ABLE savings plan trust created in [section 121.4](#), ~~if enacted in this or any other Act~~, to be used for implementation and administration activities of the Iowa ABLE savings plan trust.

5. Of the funds appropriated in this section, \$300,000 shall be used to contract for planning grants for the development and implementation of children’s mental health crisis services as provided in this Act.

6. Of the funds appropriated in this section, \$200,000 shall be used to continue to expand the provision of nationally accredited and recognized internet-based training to include mental health and disability services providers.

7. Of the funds appropriated in this section, \$300,000 is transferred to the economic development authority for the Iowa commission on volunteer services to be used for RefugeeRISE AmeriCorps program member recruitment and training to improve the economic well-being and health of economically disadvantaged refugees in local communities across Iowa. Funds transferred may be used to supplement federal funds under federal regulations.

Sec. 25. 2015 Iowa Acts, chapter 137, is amended by adding the following new section:

NEW SECTION. SEC. 147A. DEPARTMENT-WIDE DUTIES. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purposes designated:

For salaries, support, maintenance, and miscellaneous purposes at facilities under the purview of the department of human services:

.....	\$	2,879,274
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Sec. 26. 2015 Iowa Acts, chapter 137, section 148, is amended to read as follows:

SEC. 148. VOLUNTEERS. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For development and coordination of volunteer services:

.....	\$	42,343
		<u>84,686</u>

Sec. 27. 2015 Iowa Acts, chapter 137, section 149, is amended to read as follows:

SEC. 149. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED UNDER THE DEPARTMENT OF HUMAN SERVICES.

1. a. ~~(1) For the fiscal year beginning July 1, 2016, the total state funding amount for the nursing facility budget shall not exceed \$151,421,458.~~

~~(2) The department, in cooperation with nursing facility representatives, shall review projections for state funding expenditures for reimbursement of nursing facilities on a quarterly basis and the department shall determine if an adjustment to the medical assistance reimbursement rate is necessary in order to provide reimbursement within the state funding amount for the fiscal year. Notwithstanding 2001 Iowa Acts, chapter 192, section 4, subsection 2, paragraph "c", and subsection 3, paragraph "a", subparagraph (2), if the state funding expenditures for the nursing facility budget for the fiscal year are projected to exceed the amount specified in subparagraph (1), the department shall adjust the reimbursement for nursing facilities reimbursed under the case-mix reimbursement system to maintain expenditures of the nursing facility budget within the specified amount for the fiscal year.~~

(3) ~~(a)~~ For the fiscal year beginning July 1, 2016, case-mix, non-case mix, and special population nursing facilities shall be reimbursed in accordance with the methodology in effect on June 30, 2016.

~~(b) For managed care claims, the department of human services shall adjust the payment rate floor for nursing facilities, annually, to maintain a rate floor that is no lower than the Medicaid fee-for-service case-mix adjusted rate calculated in accordance with 441 IAC 81.6. The department shall then calculate adjusted reimbursement rates, including but not limited to add-on-payments, annually, and shall notify Medicaid managed care organizations of the adjusted reimbursement rates within 30 days of determining the adjusted reimbursement rates. Any adjustment of reimbursement rates under this subparagraph division shall be budget neutral to the state budget.~~

(4) For any open or unsettled nursing facility cost report for a fiscal year prior to and including the fiscal year beginning July 1, 2015, including any cost report remanded on judicial review for inclusion of prescription drug, laboratory, or x-ray costs, the department shall offset all reported prescription drug, laboratory, and x-ray costs with any revenue received from Medicare or other revenue source for any purpose. For purposes of this subparagraph, a nursing facility cost report is not considered open or unsettled if the facility did not initiate an administrative appeal under [chapter 17A](#) or if any appeal rights initiated have been exhausted.

b. (1) For the fiscal year beginning July 1, 2016, the department shall establish the pharmacy dispensing fee reimbursement at \$11.73 per prescription, until a cost of dispensing survey is completed. The actual dispensing fee shall be determined by a cost of dispensing survey performed by the department and required to be completed by all medical assistance program participating pharmacies every two years, adjusted as necessary to maintain expenditures within the amount appropriated to the department for this purpose for the fiscal year.

(2) The department shall utilize an average acquisition cost reimbursement methodology for all drugs covered under the medical assistance program in accordance with [2012 Iowa Acts, chapter 1133, section 33](#).

(3) Notwithstanding subparagraph (2), if the centers for Medicare and Medicaid services of the United States department of health and human services (CMS) requires, as a condition of federal Medicaid funding, that the department implement an aggregate federal upper limit (FUL) for drug reimbursement based on the average manufacturer's price (AMP), the department may utilize a reimbursement methodology for all drugs covered under the Medicaid program based on the national average drug acquisition cost (NADAC) methodology published by CMS, in order to assure compliance with the aggregate FUL,

minimize outcomes of drug reimbursements below pharmacy acquisition costs, limit administrative costs, and minimize any change in the aggregate reimbursement for drugs. The department may adopt emergency rules to implement this subparagraph.

c. (1) For the fiscal year beginning July 1, 2016, reimbursement rates for outpatient hospital services shall remain at the rates in effect on June 30, 2016, subject to Medicaid program upper payment limit rules, and adjusted as necessary to maintain expenditures within the amount appropriated to the department for this purpose for the fiscal year.

(2) For the fiscal year beginning July 1, 2016, reimbursement rates for inpatient hospital services shall remain at the rates in effect on June 30, 2016, subject to Medicaid program upper payment limit rules, and adjusted as necessary to maintain expenditures within the amount appropriated to the department for this purpose for the fiscal year.

(3) For the fiscal year beginning July 1, 2016, the graduate medical education and disproportionate share hospital fund shall remain at the amount in effect on June 30, 2016, except that the portion of the fund attributable to graduate medical education shall be reduced in an amount that reflects the elimination of graduate medical education payments made to out-of-state hospitals.

(4) In order to ensure the efficient use of limited state funds in procuring health care services for low-income Iowans, funds appropriated in this Act for hospital services shall not be used for activities which would be excluded from a determination of reasonable costs under the federal Medicare program pursuant to 42 U.S.C. §1395x(v)(1)(N).

d. For the fiscal year beginning July 1, 2016, reimbursement rates for ~~rural health clinics~~, hospices, and acute mental hospitals shall be increased in accordance with increases under the federal Medicare program or as supported by their Medicare audited costs.

e. For the fiscal year beginning July 1, 2016, independent laboratories and rehabilitation agencies shall be reimbursed using the same methodology in effect on June 30, 2016.

f. (1) For the fiscal year beginning July 1, 2016, reimbursement rates for home health agencies shall continue to be based on the Medicare low utilization payment adjustment (LUPA) methodology with state geographic wage adjustments, and ~~updated to reflect the most recent Medicare LUPA rates~~ shall be adjusted to increase the rates to the extent possible within the \$1,000,000 of state funding appropriated for this purpose. The department shall continue to update the rates every two years to reflect the most recent Medicare LUPA rates.

(2) For the fiscal year beginning July 1, 2016, rates for private duty nursing and personal care services under the early and periodic screening, diagnostic, and treatment program benefit shall be calculated based on the methodology in effect on June 30, 2016.

g. For the fiscal year beginning July 1, 2016, federally qualified health centers and rural health clinics shall receive cost-based reimbursement for 100 percent of the reasonable costs for the provision of services to recipients of medical assistance.

h. For the fiscal year beginning July 1, 2016, the reimbursement rates for dental services shall remain at the rates in effect on June 30, 2016.

i. (1) For the fiscal year beginning July 1, 2016, state-owned psychiatric medical institutions for children shall receive cost-based reimbursement for 100 percent of the actual and allowable costs for the provision of services to recipients of medical assistance.

(2) For the nonstate-owned psychiatric medical institutions for children, reimbursement rates shall be based on the reimbursement methodology ~~developed by the Medicaid managed care contractor for behavioral health services as required for federal compliance~~ in effect on June 30, 2016.

(3) As a condition of participation in the medical assistance program, enrolled providers shall accept the medical assistance reimbursement rate for any covered goods or services provided to recipients of medical assistance who are children under the custody of a psychiatric medical institution for children.

j. For the fiscal year beginning July 1, 2016, unless otherwise specified in this Act, all noninstitutional medical assistance provider reimbursement rates shall remain at the rates in effect on June 30, 2016, except for area education agencies, local education agencies, infant and toddler services providers, home and community-based services providers including consumer-directed attendant care providers under a section 1915(c) or 1915(i) waiver, targeted case management providers, and those providers whose rates are required to be determined pursuant to [section 249A.20](#).

k. Notwithstanding any provision to the contrary, for the fiscal year beginning July 1, 2016, the reimbursement rate for anesthesiologists shall remain at the rate in effect on June 30, 2016.

l. Notwithstanding [section 249A.20](#), for the fiscal year beginning July 1, 2016, the average reimbursement rate for health care providers eligible for use of the federal Medicare resource-based relative value scale reimbursement methodology under [section 249A.20](#) shall remain at the rate in effect on June 30, 2016; however, this rate shall not exceed the maximum level authorized by the federal government.

m. For the fiscal year beginning July 1, 2016, the reimbursement rate for residential care facilities shall not be less than the minimum payment level as established by the federal government to meet the federally mandated maintenance of effort requirement. The flat reimbursement rate for facilities electing not to file annual cost reports shall not be less than the minimum payment level as established by the federal government to meet the federally mandated maintenance of effort requirement.

n. For the fiscal year beginning July 1, 2016, the reimbursement rates for inpatient mental health services provided at hospitals shall remain at the rates in effect on June 30, 2016, subject to Medicaid program upper payment limit rules; and psychiatrists shall be reimbursed at the medical assistance program fee-for-service rate in effect on June 30, 2016.

o. For the fiscal year beginning July 1, 2016, community mental health centers may choose to be reimbursed for the services provided to recipients of medical assistance through either of the following options:

(1) For 100 percent of the reasonable costs of the services.

(2) In accordance with the alternative reimbursement rate methodology ~~established by the medical assistance program's managed care contractor for mental health services and approved by the department of human services in effect on June 30, 2016.~~

p. For the fiscal year beginning July 1, 2016, the reimbursement rate for providers of family planning services that are eligible to receive a 90 percent federal match shall remain at the rates in effect on June 30, 2016.

q. For the fiscal year beginning July 1, 2016, the upper limits ~~on~~ and reimbursement rates for providers of home and community-based services waiver services ~~shall remain at the limits in effect on June 30, 2016~~ for which the rate floor is based on the average aggregate reimbursement rate for the fiscal year beginning July 1, 2014, shall be determined as follows:

(1) For fee-for-service claims, the reimbursement rate shall be increased by 1 percent over the rates in effect on June 30, 2016.

(2) For managed care claims, the reimbursement rate floor shall be increased by 1 percent over the rate floor in effect on April 1, 2016.

r. For the fiscal year beginning July 1, 2016, the reimbursement rates for emergency medical service providers shall remain at the rates in effect on June 30, 2016.

2. For the fiscal year beginning July 1, 2016, the reimbursement rate for providers reimbursed under the in-home-related care program shall not be less than the minimum payment level as established by the federal government to meet the federally mandated maintenance of effort requirement.

3. Unless otherwise directed in this section, when the department's reimbursement methodology for any provider reimbursed in accordance with this section includes an inflation factor, this factor shall not exceed the amount by which the consumer price index for all urban consumers increased during the calendar year ending December 31, 2002.

4. ~~For~~ Notwithstanding [section 234.38](#), for the fiscal year beginning July 1, 2016, the foster family basic daily maintenance rate and the maximum adoption subsidy rate for children ages 0 through 5 years shall be \$16.78, the rate for children ages 6 through 11 years shall be \$17.45, the rate for children ages 12 through 15 years shall be \$19.10, and the rate for children and young adults ages 16 and older shall be \$19.35. For youth ages 18 to 21 who have exited foster care, the preparation for adult living program maintenance rate shall be \$602.70 per month. The maximum payment for adoption subsidy nonrecurring expenses shall be limited to \$500 and the disallowance of additional amounts for court costs and other related legal expenses implemented pursuant to [2010 Iowa Acts, chapter 1031, section 408](#), shall be continued.

5. For the fiscal year beginning July 1, 2016, the maximum reimbursement rates for social services providers under contract shall remain at the rates in effect on June 30, 2016,

or the provider's actual and allowable cost plus inflation for each service, whichever is less. However, if a new service or service provider is added after June 30, 2016, the initial reimbursement rate for the service or provider shall be based upon a weighted average of provider rates for similar services.

6. For the fiscal year beginning July 1, 2016, the reimbursement rates for resource family recruitment and retention contractors, child welfare emergency services contractors, and supervised apartment living foster care providers shall remain at the rates in effect on June 30, 2016.

7. a. For the purposes of this subsection, "combined reimbursement rate" means the combined service and maintenance reimbursement rate for a service level under the department's reimbursement methodology. Effective July 1, 2016, the combined reimbursement rate for a group foster care service level shall be the amount designated in this subsection. However, if a group foster care provider's reimbursement rate for a service level as of June 30, 2016, is more than the rate designated in this subsection, the provider's reimbursement shall remain at the higher rate.

b. Unless a group foster care provider is subject to the exception provided in paragraph "a", effective July 1, 2016, the combined reimbursement rates for the service levels under the department's reimbursement methodology shall be as follows:

(1) For service level, community - D1, the daily rate shall be at least \$84.17.

(2) For service level, comprehensive - D2, the daily rate shall be at least \$119.09.

(3) For service level, enhanced - D3, the daily rate shall be at least \$131.09.

8. The group foster care reimbursement rates paid for placement of children out of state shall be calculated according to the same rate-setting principles as those used for in-state providers, unless the director of human services or the director's designee determines that appropriate care cannot be provided within the state. The payment of the daily rate shall be based on the number of days in the calendar month in which service is provided.

9. a. For the fiscal year beginning July 1, 2016, the reimbursement rate paid for shelter care and the child welfare emergency services implemented to provide or prevent the need for shelter care shall be established by contract.

b. For the fiscal year beginning July 1, 2016, the combined service and maintenance components of the reimbursement rate paid for shelter care services shall be based on the financial and statistical report submitted to the department. The maximum reimbursement rate shall be \$101.83 per day. The department shall reimburse a shelter care provider at the provider's actual and allowable unit cost, plus inflation, not to exceed the maximum reimbursement rate.

c. Notwithstanding [section 232.141, subsection 8](#), for the fiscal year beginning July 1, 2016, the amount of the statewide average of the actual and allowable rates for reimbursement of juvenile shelter care homes that is utilized for the limitation on recovery of unpaid costs shall remain at the amount in effect for this purpose in the fiscal year beginning July 1, 2015.

10. For the fiscal year beginning July 1, 2016, the department shall calculate reimbursement rates for intermediate care facilities for persons with an intellectual disability at the 80th percentile. Beginning July 1, 2016, the rate calculation methodology shall utilize the consumer price index inflation factor applicable to the fiscal year beginning July 1, 2016.

11. For the fiscal year beginning July 1, 2016, for child care providers reimbursed under the state child care assistance program, the department shall set provider reimbursement rates based on the rate reimbursement survey completed in December 2004. Effective July 1, 2016, the child care provider reimbursement rates shall remain at the rates in effect on June 30, 2016. The department shall set rates in a manner so as to provide incentives for a nonregistered provider to become registered by applying the increase only to registered and licensed providers.

11A. For the fiscal year beginning July 1, 2016, notwithstanding any provision to the contrary under this section, affected providers or services shall be reimbursed as follows:

a. For fee-for-service claims, reimbursement shall be calculated based on the methodology otherwise specified in this section for the fiscal year beginning July 1, 2016, for the respective provider or service.

*\*b. For claims subject to a managed care contract:*

*(1) With the exception of any provider or service to which a reimbursement increase is applicable for the fiscal year under this section, reimbursement shall be based on the methodology established by the managed care contract. However, any reimbursement established under such contract shall not be lower than the rate floor established by the department of human services as the managed care organization provider or service reimbursement rate floor for the respective provider or service in effect on April 1, 2016.*

*(2) For any provider or service to which a reimbursement increase is applicable for the fiscal year under this section, upon the effective date of the reimbursement increase, the department of human services shall modify the rate floor in effect on April 1, 2016, to reflect the increase specified under this section. Any reimbursement established under the managed care contract shall not be lower than the rate floor as modified by the department of human services to reflect the provider rate increase specified under this section.\**

13. The department may adopt emergency rules to implement this section.

Sec. 28. 2015 Iowa Acts, chapter 137, is amended by adding the following new section:

**NEW SECTION. SEC. 151A. TRANSFER OF MEDICAID MODERNIZATION SAVINGS BETWEEN APPROPRIATIONS FY 2016-2017.** Notwithstanding [section 8.39, subsection 1](#), for the fiscal year beginning July 1, 2016, if savings resulting from the governor’s Medicaid modernization initiative accrue to the medical contracts or children’s health insurance program appropriation from the general fund of the state and not to the medical assistance appropriation from the general fund of the state under this division of this Act, such savings may be transferred to such medical assistance appropriation for the same fiscal year without prior written consent and approval of the governor and the director of the department of management. The department of human services shall report any transfers made pursuant to this section to the legislative services agency.

DIVISION VI  
HEALTH CARE ACCOUNTS AND FUNDS — FY 2016-2017

Sec. 29. 2015 Iowa Acts, chapter 137, section 152, is amended to read as follows:

**SEC. 152. PHARMACEUTICAL SETTLEMENT ACCOUNT.** There is appropriated from the pharmaceutical settlement account created in [section 249A.33](#) to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

Notwithstanding any provision of law to the contrary, to supplement the appropriations made in this Act for medical contracts under the medical assistance program for the fiscal year beginning July 1, 2016, and ending June 30, 2017:

	\$	1,001,088
		1,300,000

Sec. 30. 2015 Iowa Acts, chapter 137, section 153, is amended to read as follows:

**SEC. 153. QUALITY ASSURANCE TRUST FUND — DEPARTMENT OF HUMAN SERVICES.** Notwithstanding any provision to the contrary and subject to the availability of funds, there is appropriated from the quality assurance trust fund created in [section 249L.4](#) to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amounts, or so much thereof as is necessary, for the purposes designated:

To supplement the appropriation made in this Act from the general fund of the state to the department of human services for medical assistance for the same fiscal year:

	\$	18,602,604
		36,705,208

Sec. 31. 2015 Iowa Acts, chapter 137, section 154, is amended to read as follows:

**SEC. 154. HOSPITAL HEALTH CARE ACCESS TRUST FUND — DEPARTMENT OF HUMAN SERVICES.** Notwithstanding any provision to the contrary and subject to the

\* Item veto; see message at end of the Act

availability of funds, there is appropriated from the hospital health care access trust fund created in [section 249M.4](#) to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amounts, or so much thereof as is necessary, for the purposes designated:

To supplement the appropriation made in this Act from the general fund of the state to the department of human services for medical assistance for the same fiscal year:	\$	17,350,000
		<u>34,700,000</u>

DIVISION VII  
PROPERTY TAX RELIEF FUND BLOCK GRANT MONEY — FY 2016-2017

Sec. 32. 2015 Iowa Acts, chapter 137, section 157, is amended to read as follows:

SEC. 157. PROPERTY TAX RELIEF FUND BLOCK GRANT MONEYS. The moneys transferred to the property tax relief fund for the fiscal year beginning July 1, ~~2015~~ 2016, from the federal social services block grant pursuant to 2015 Iowa Acts, House File 630, and from the federal temporary assistance for needy families block grant, totaling at least ~~\$11,774,275~~ \$7,456,296, are appropriated to the department of human services for the fiscal year beginning July 1, ~~2015~~ 2016, and ending June 30, ~~2016~~ 2017, to be used for the purposes designated, notwithstanding any provision of law to the contrary:

1. For distribution to any mental health and disability services region where 25 percent of the region's projected expenditures exceeds the region's projected fund balance:

	\$	<u>480,000</u>
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a. For purposes of this subsection:

(1) "Available funds" means a county mental health and services fund balance on June 30, 2015, plus the maximum amount a county was allowed to levy for the fiscal year beginning July 1, 2015.

(2) "Projected expenditures" means the actual expenditures of a mental health and disability services region as of June 30, 2015, multiplied by an annual inflation rate of 2 percent plus the projected costs for new core services administered by the region as provided in a region's regional service system management plan approved pursuant to [section 331.393](#) for the fiscal year beginning July 1, 2015.

(3) "Projected fund balance" means the difference between a mental health and disability services region's available funds and projected expenditures.

b. If sufficient funds are not available to implement this subsection, the department of human services shall distribute funds to a region in proportion to the availability of funds.

2. To be transferred to the appropriation in this Act for child and family services for the fiscal year beginning July 1, 2016, to be used for the purpose of that appropriation:

	\$	5,407,137
		<u>6,880,223</u>

DIVISION VIII  
PRIOR YEAR APPROPRIATIONS AND OTHER PROVISIONS  
FAMILY INVESTMENT PROGRAM ACCOUNT FY 2015-2016

Sec. 33. 2015 Iowa Acts, chapter 137, section 7, subsection 4, paragraph e, is amended to read as follows:

e. For the JOBS program:

	\$	17,540,398
		<u>17,140,398</u>

FAMILY INVESTMENT PROGRAM GENERAL FUND FY 2015-2016

Sec. 34. 2015 Iowa Acts, chapter 137, section 8, unnumbered paragraph 2, is amended to read as follows:

To be credited to the family investment program (FIP) account and used for family investment program assistance under [chapter 239B](#):

.....	\$	48,673,875
		<u>44,773,875</u>

Sec. 35. 2015 Iowa Acts, chapter 137, section 8, subsection 1, is amended to read as follows:

1. Of the funds appropriated in this section, ~~\$7,402,220~~ \$7,002,220 is allocated for the JOBS program.

MEDICAL ASSISTANCE APPROPRIATION — FY 2015-2016

Sec. 36. 2015 Iowa Acts, chapter 137, section 12, unnumbered paragraph 2, is amended to read as follows:

For medical assistance program reimbursement and associated costs as specifically provided in the reimbursement methodologies in effect on June 30, 2015, except as otherwise expressly authorized by law, consistent with options under federal law and regulations, and contingent upon receipt of approval from the office of the governor of reimbursement for each abortion performed under the program:

.....	\$	1,303,191,564
		<u>1,318,191,564</u>

MODERNIZATION EMERGENCY RULES FY 2015-2016

Sec. 37. 2015 Iowa Acts, chapter 137, section 12, subsection 24, is amended to read as follows:

~~24. The department of human services may adopt emergency rules as necessary to implement the governor's Medicaid modernization initiative beginning January 1, 2016.~~

AUTISM SUPPORT PROGRAM FUND FY 2015-2016

Sec. 38. 2015 Iowa Acts, chapter 137, section 13, subsection 5, unnumbered paragraph 1, is amended to read as follows:

Of the funds appropriated in this section, \$2,000,000 shall be credited to the autism support program fund created in [section 225D.2](#) to be used for the autism support program created in [chapter 225D](#), with the exception of the following amounts of this allocation which shall be used as follows:

STATE SUPPLEMENTARY ASSISTANCE FY 2015-2016

Sec. 39. 2015 Iowa Acts, chapter 137, section 14, unnumbered paragraph 2, is amended to read as follows:

For the state supplementary assistance program:

.....	\$	12,997,187
		<u>11,897,187</u>

CHILD CARE ASSISTANCE FY 2015-2016

Sec. 40. 2015 Iowa Acts, chapter 137, section 16, unnumbered paragraph 2, is amended to read as follows:

For child care programs:

.....	\$	51,408,668
		<u>41,408,668</u>

Sec. 41. 2015 Iowa Acts, chapter 137, section 16, subsection 1, is amended to read as follows:

1. Of the funds appropriated in this section, ~~\$43,689,241~~ \$33,689,241 shall be used for state child care assistance in accordance with [section 237A.13](#).

Sec. 42. 2015 Iowa Acts, chapter 137, section 16, subsection 9, is amended to read as follows:

9. Notwithstanding [section 8.33](#), moneys advanced for purposes of the programs developed by early childhood Iowa areas, advanced for purposes of wraparound child care, appropriated in this section or received from the federal appropriations made for the purposes of this section that remain unencumbered or unobligated at the close of the fiscal year shall not revert to any fund but shall remain available for expenditure for the purposes designated until the close of the succeeding fiscal year.

#### NURSING FACILITY BUDGET FY 2015-2016

Sec. 43. 2015 Iowa Acts, chapter 137, section 29, subsection 1, paragraph a, subparagraph (1), is amended to read as follows:

(1) For the fiscal year beginning July 1, 2015, the total state funding amount for the nursing facility budget shall not exceed \$151,421,158 \$227,131,737.

Sec. 44. EFFECTIVE UPON ENACTMENT. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

Sec. 45. RETROACTIVE APPLICABILITY. This division of this Act is retroactively applicable to July 1, 2015.

#### DIVISION IX DECATEGORIZATION

Sec. 46. DECATEGORIZATION CARRYOVER FUNDING — TRANSFER TO MEDICAID PROGRAM. Notwithstanding [section 232.188, subsection 5](#), paragraph “b”, any state appropriated moneys in the funding pool that remained unencumbered or unobligated at the close of the fiscal year beginning July 1, 2013, and were deemed carryover funding to remain available for the two succeeding fiscal years that still remain unencumbered or unobligated at the close of the fiscal year beginning July 1, 2015, shall not revert but shall be transferred to the medical assistance program for the fiscal year beginning July 1, 2015.

Sec. 47. EFFECTIVE UPON ENACTMENT. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

Sec. 48. RETROACTIVE APPLICABILITY. This division of this Act is retroactively applicable to July 1, 2015.

#### DIVISION X CODE CHANGES

##### LOCAL OFFICES OF SUBSTITUTE DECISION MAKER

Sec. 49. Section 231E.4, subsection 3, paragraph a, Code 2016, is amended to read as follows:

a. Select persons through a request for proposals process to establish local offices of substitute decision maker in each of the planning and service areas. Local offices shall be established statewide on or before July 1, ~~2017~~ 2018.

##### INSTITUTIONS FOR PERSONS WITH AN INTELLECTUAL DISABILITY — ASSESSMENT

Sec. 50. Section 222.60A, Code 2016, is amended to read as follows:

###### **222.60A Cost of assessment.**

Notwithstanding any provision of [this chapter](#) to the contrary, any amount attributable to any ~~fee-assessed assessment~~ pursuant to [section 249A.21](#) that would otherwise be the liability of any county shall be paid by the state. The department may transfer funds from the appropriation for medical assistance to pay any amount attributable to any ~~fee-assessed assessment~~ pursuant to [section 249A.21](#) that is a liability of the state.

Sec. 51. Section 249A.12, subsection 3, paragraph c, Code 2016, is amended to read as follows:

~~c. Effective February 1, 2002, the~~ The state shall be responsible for all of the nonfederal share of the costs of intermediate care facility for persons with an intellectual disability services provided under medical assistance attributable to the assessment fee for intermediate care facilities for individuals with an intellectual disability imposed pursuant to [section 249A.21](#). Effective February 1, 2003, a A county is not required to reimburse the department and shall not be billed for the nonfederal share of the costs of such services attributable to the assessment fee.

Sec. 52. Section 249A.21, Code 2016, is amended to read as follows:

**249A.21 Intermediate care facilities for persons with an intellectual disability — assessment.**

~~1. The department may assess~~ An intermediate care facilities facility for persons with an intellectual disability, as defined in [section 135C.1](#), a fee in shall be assessed an amount for the preceding calendar quarter, not to exceed six percent of the total annual revenue of the facility for the preceding fiscal year actual paid claims for the previous quarter.

~~2. The assessment shall be paid by each intermediate care facility for persons with an intellectual disability to the department in equal monthly amounts on or before the fifteenth day of each month on a quarterly basis. The department may deduct the monthly amount from medical assistance payments to a facility described in [subsection 1](#). The amount deducted from payments shall not exceed the total amount of the assessments due~~ An intermediate care facility for persons with an intellectual disability shall submit the assessment amount no later than thirty days following the end of each calendar quarter.

~~3. Revenue from the assessments shall be credited~~ The department shall collect the assessment imposed and shall credit all revenues collected to the state medical assistance appropriation. This revenue may be used only for services for which federal financial participation under the medical assistance program is available to match state funds.

~~4. If the department determines that an intermediate care facility for persons with an intellectual disability has underpaid or overpaid the assessment, the department shall notify the intermediate care facility for persons with an intellectual disability of the amount of the unpaid assessment or refund due. Such payment or refund shall be due or refunded within thirty days of the issuance of the notice.~~

~~5. An intermediate care facility for persons with an intellectual disability that fails to pay the assessment within the time frame specified in [this section](#) shall pay, in addition to the outstanding assessment, a penalty in the amount of one and five-tenths percent of the assessment amount owed for each month or portion of each month the payment is overdue. However, if the department determines that good cause is shown for failure to comply with payment of the assessment, the department shall waive the penalty or a portion of the penalty.~~

~~6. If an assessment has not been received by the department by the last day of the third month after the payment is due, the department shall suspend payment due the intermediate care facility for persons with an intellectual disability under the medical assistance program including payments made on behalf of the medical assistance program by a Medicaid managed care contractor.~~

~~7. The assessment imposed under [this section](#) constitutes a debt due and owing the state and may be collected by civil action, including but not limited to the filing of tax liens, and any other method provided for by law.~~

~~8. If federal financial participation to match the assessments made under [subsection 1](#) becomes unavailable under federal law, the department shall terminate the imposing of the assessments beginning on the date that the federal statutory, regulatory, or interpretive change takes effect.~~

~~9.~~ 9. The department of human services may procure a sole source contract to implement the provisions of [this section](#).

~~10.~~ 10. The department may adopt administrative rules under [section 17A.4, subsection 3](#), and [section 17A.5, subsection 2](#), paragraph “b”, to implement [this section](#), and any fee assessed pursuant to [this section](#) against an intermediate care facility for persons with an

~~intellectual disability that is operated by the state may be made retroactive to October 1, 2003.~~

DIVISION XI  
HOSPITAL HEALTH CARE ACCESS ASSESSMENT

Sec. 53. Section 249M.5, Code 2016, is amended to read as follows:

**249M.5 Future repeal.**

~~This chapter is repealed June 30, 2016~~ July 1, 2017.

*\*Sec. 54. REVIEW OF ALTERNATIVE ASSESSMENT METHODOLOGY. The department of human services shall explore alternative hospital health care access assessment methodologies and shall make recommendations to the governor and the general assembly by December 15, 2016, regarding continuation of the hospital health care access assessment program beyond July 1, 2017, and an alternative assessment methodology. Any continuation of the program and assessment methodology shall meet all of the following guidelines:*

*1. All funds generated by the assessment shall be returned to participating hospitals in the form of higher Medicaid payments, with the exception of \$3,800,000 which shall be used to supplement the medical assistance appropriation.*

*2. Continuation of the program and any new assessment methodology shall be subject to any required federal approval.*

*3. Any new assessment methodology shall minimize the negative financial impact on participating hospitals to the greatest extent possible.*

*4. Any new assessment methodology shall result in at least the same if not a greater aggregate financial benefit to participating hospitals compared with the benefit existing under the program prior to July 1, 2016.*

*5. Only participating hospitals subject to imposition of the assessment shall receive a financial return from the program.*

*6. Any continuation of the program shall include a means of tracking the financial return to individual participating hospitals.*

*7. Any quality metrics utilized by the program, if continued, shall align with similar metrics being used under Medicare and the state innovation model initiative process.*

*8. Any new assessment methodology shall incorporate a recognition of the increased costs attributable to care and services such as inpatient psychiatric care, rehabilitation services, and neonatal intensive care units.*

*9. Any continuation of the program shall include oversight and review by the hospital health care access trust fund board created in section 249M.4.\**

Sec. 55. EFFECTIVE UPON ENACTMENT. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

Sec. 56. RETROACTIVE APPLICABILITY. The section of this division of this Act amending section 249M.5, Code 2016, is retroactively applicable to June 30, 2016.

DIVISION XII  
AUTISM SUPPORT PROGRAM

Sec. 57. Section 135.181, subsections 1 and 2, Code 2016, are amended to read as follows:

1. The department shall establish a board-certified behavior analyst and board-certified assistant behavior analyst grants program to provide grants to Iowa resident and nonresident applicants who have been accepted for admission or are attending a ~~board of regents university, community college, or an accredited private institution, within or outside the state of Iowa,~~ are enrolled in a program that is accredited and meets coursework requirements to prepare the applicant to be eligible for board certification as a behavior analyst or assistant behavior analyst, and demonstrate financial need. Priority in the awarding of a grant shall be given to applicants who are residents of Iowa.

\* Item veto; see message at end of the Act

2. The department, in cooperation with the department of education, shall adopt rules pursuant to [chapter 17A](#) to establish minimum standards for applicants to be eligible for a grant that address all of the following:

a. Eligibility requirements for and qualifications of an applicant to receive a grant. The applicant shall agree to practice in the state of Iowa for a period of time, not to exceed four years, as specified in the contract entered into between the applicant and the department at the time the grant is awarded. In addition, the applicant shall agree, as specified in the contract, that during the contract period, the applicant will assist in supervising an individual working toward board certification as a behavior analyst or assistant behavior analyst or to consult with schools and service providers that provide services and supports to individuals with autism.

b. The application process for the grant.

c. Criteria for preference in awarding of the grants. Priority in the awarding of a grant shall be given to applicants who are residents of Iowa.

d. Determination of the amount of a grant. The amount of funding awarded to each applicant shall be based on the applicant's enrollment status, the number of applicants, and the total amount of available funds. The total amount of funds awarded to an individual applicant shall not exceed fifty percent of the total costs attributable to program tuition and fees, annually.

e. Use of the funds awarded. Funds awarded may be used to offset the costs attributable to tuition and fees for the accredited behavior analyst or assistant behavior analyst program.

Sec. 58. Section 135.181, Code 2016, is amended by adding the following new subsection: NEW SUBSECTION. 4. The department shall submit a report to the governor and the general assembly no later than January 1, annually, that includes but is not limited to all of the following:

a. The number of applications received for the immediately preceding fiscal year.

b. The number of applications approved and the total amount of funding awarded in grants in the immediately preceding fiscal year.

c. The cost of administering the program in the immediately preceding fiscal year.

d. Recommendations for any changes to the program.

Sec. 59. Section 225D.1, subsection 8, Code 2016, is amended to read as follows:

8. "Eligible individual" means a child less than ~~nine~~ fourteen years of age who has been diagnosed with autism based on a diagnostic assessment of autism, is not otherwise eligible for coverage for applied behavioral analysis treatment under the medical assistance program, [section 514C.28](#), or private insurance coverage, and whose household income does not exceed ~~four~~ five hundred percent of the federal poverty level.

Sec. 60. Section 225D.2, subsection 2, paragraphs c and d, Code 2016, are amended to read as follows:

c. Notwithstanding the age limitation for an eligible individual, a provision that if an eligible individual reaches ~~nine~~ fourteen years of age prior to completion of the maximum applied behavioral analysis treatment period specified in paragraph "b", the individual may complete such treatment in accordance with the individual's treatment plan, not to exceed the maximum treatment period.

d. A graduated schedule for cost-sharing by an eligible individual based on a percentage of the total benefit amount expended for the eligible individual, annually. Cost-sharing shall be applicable to eligible individuals with household incomes at or above two hundred percent of the federal poverty level in incrementally increased amounts up to a maximum of ~~ten~~ fifteen percent. The rules shall provide a financial hardship exemption from payment of the cost-sharing based on criteria established by rule of the department.

Sec. 61. AUTISM SUPPORT FUND — TRANSFER.

Notwithstanding [section 225D.2](#), moneys credited to the autism support fund that remain unexpended or unobligated at the close of the fiscal year beginning July 1, 2015, shall be transferred to the appropriation in this Act for medical contracts to be used for the purpose of that appropriation for the succeeding fiscal year.

Sec. 62. EFFECTIVE DATE. The section of this division of this Act providing for transfer of moneys in the autism support fund that remain unexpended or unobligated at the close of the fiscal year beginning July 1, 2015, being deemed of immediate importance, takes effect upon enactment.

Sec. 63. RETROACTIVE APPLICABILITY. The section of this division of this Act providing for transfer of moneys in the autism support fund that remain unexpended or unobligated at the close of the fiscal year beginning July 1, 2015, is retroactively applicable to July 1, 2015.

### DIVISION XIII CHILDREN'S MENTAL HEALTH AND WELL-BEING

Sec. 64. CHILDREN'S MENTAL HEALTH CRISIS SERVICES — PLANNING GRANTS.

1. The department of human services shall establish a request for proposals process, in cooperation with the departments of public health and education and the judicial branch, which shall be based upon recommendations for children's mental health crisis services described in the children's mental health and well-being workgroup final report submitted to the department on December 15, 2015.

2. Planning grants shall be awarded to two lead entities. Each lead entity should be a member of a specifically designated coalition of three to four other entities that propose to serve different geographically defined areas of the state, but a lead entity shall not be a mental health and disability services region.

3. The request for proposals shall require each grantee to develop a plan for children's mental health crisis services for the grantee's defined geographic area that includes all of the following:

- a. Identification of the existing children's mental health crisis services in the defined area.
- b. Identification of gaps in children's mental health crisis services in the defined area.
- c. A plan for collection of data that demonstrates the effects of children's mental health crisis services through the collection of outcome data and surveys of the children affected and their families.
- d. A method for using federal, state, and other funding including funding currently available, to implement and support children's mental health crisis services.
- e. Utilization of collaborative processes developed from the recommendations from the children's mental health and well-being workgroup final report submitted to the department on December 15, 2015.
- f. A recommendation for any additional state funding needed to establish a children's mental health crisis service system in the defined area.

g. A recommendation for statewide standard requirements for children's mental health crisis services, as defined in the children's mental health and well-being workgroup final report submitted to the department of human services on December 15, 2015, including but not limited to all of the following:

- (1) Standardized primary care practitioner screenings.
- (2) Standardized mental health crisis screenings.
- (3) Standardized mental health and substance use disorder assessments.
- (4) Requirements for certain inpatient psychiatric hospitals and psychiatric medical institutions for children to accept and treat all children regardless of the acuity of their condition.

4. Each grantee shall submit a report to the department by December 15, 2016. The department shall combine the essentials of each report and shall submit a report to the general assembly by January 15, 2017, regarding the department's conclusions and recommendations.

Sec. 65. CHILDREN'S WELL-BEING LEARNING LABS. The department of human services, utilizing existing departmental resources and with the continued assistance of a private child welfare foundation focused on improving child well-being, shall study and collect data on emerging, collaborative efforts in existing programs engaged in addressing well-being for children with complex needs and their families in communities across the

state. The department shall establish guidelines based upon recommendations in the children's mental health and well-being workgroup final report submitted to the department on December 15, 2015, to select three to five such programs to be designated learning labs to enable the department to engage in a multi-site learning process during the 2016 calendar year with a goal of creating an expansive structured learning network. The department shall submit a report with recommendations including lessons learned, suggested program design refinements, and implications for funding, policy changes, and best practices to the general assembly by January 15, 2017.

Sec. 66. DEPARTMENT OF HUMAN SERVICES — ADDITIONAL STUDY REPORTS. The department of human services shall, in consultation with the department of public health, the mental health and disability services commission, and the mental health planning council, submit a report with recommendations to the general assembly by December 15, 2016, regarding all of the following:

1. The creation and implementation of a statewide children's mental health crisis service system to include but not be limited to an inventory of all current children's mental health crisis service systems in the state including children's mental health crisis service system telephone lines. The report shall include recommendations regarding proposed changes to improve the effectiveness of and access to children's mental health crisis services.

2. The development and implementation of a children's mental health public education and awareness campaign that targets the reduction of stigma for children with mental illness and that supports children with mental illness and their families in seeking effective treatment. The plan shall include potential methods for funding such a campaign.

Sec. 67. CHILDREN'S MENTAL HEALTH AND WELL-BEING ADVISORY COMMITTEE. The department of human services shall create and provide support to a children's mental health and well-being advisory committee to continue the coordinated efforts of the children's mental health subcommittee and the children's well-being subcommittee of the children's mental health and well-being workgroup. Consideration shall be given to continued service by members of the children's mental health and well-being workgroup created pursuant to 2015 Iowa Acts, ch. 137, and representatives from the departments of human services, public health, and education; the judicial branch; and other appropriate stakeholders designated by the director. The advisory committee shall do all of the following:

1. Provide guidance regarding implementation of the recommendations in the children's mental health and well-being workgroup final report submitted to the department on December 15, 2015, and subsequent reports required by this Act.

2. Select and study additional children's well-being learning labs to assure a continued commitment to joint learning and comparison for all learning lab sites.

#### DIVISION XIV OPIOID ANTAGONIST REVISION

Sec. 68. Section 135.190, subsection 1, as enacted by 2016 Iowa Acts, Senate File 2218,<sup>1</sup> section 1, is amended by adding the following new paragraph:

NEW PARAGRAPH. 0a. "Licensed health care professional" means the same as defined in [section 280.16](#).

Sec. 69. Section 135.190, as enacted by 2016 Iowa Acts, Senate File 2218,<sup>2</sup> section 1, is amended by adding the following new subsections:

NEW SUBSECTION. 1A. a. Notwithstanding any other provision of law to the contrary, a licensed health care professional may prescribe an opioid antagonist to a person in a position to assist.

<sup>1</sup> Chapter 1061 herein

<sup>2</sup> Chapter 1061 herein

b. (1) Notwithstanding any other provision of law to the contrary, a pharmacist licensed under [chapter 155A](#) may, by standing order or through collaborative agreement, dispense, furnish, or otherwise provide an opioid antagonist to a person in a position to assist.

(2) A pharmacist who dispenses, furnishes, or otherwise provides an opioid antagonist pursuant to a valid prescription, standing order, or collaborative agreement shall provide instruction to the recipient in accordance with any protocols and instructions developed by the department under [this section](#).

NEW SUBSECTION. 4. The department may adopt rules pursuant to [chapter 17A](#) to implement and administer [this section](#).

Sec. 70. Section 135.190, subsection 3, as enacted by 2016 Iowa Acts, Senate File 2218,<sup>3</sup> section 1, is amended to read as follows:

3. A person in a position to assist or a prescriber of an opioid antagonist who has acted reasonably and in good faith shall not be liable for any injury arising from the provision, administration, or assistance in the administration of an opioid antagonist as provided in [this section](#).

Sec. 71. Section 147A.18, subsections 1 and 5, as enacted by 2016 Iowa Acts, Senate File 2218,<sup>4</sup> section 3, are amended to read as follows:

1. a. Notwithstanding any other provision of law to the contrary, a licensed health care professional may prescribe an opioid antagonist in the name of a service program, law enforcement agency, or fire department to be maintained for use as provided in [this section](#).

b. (1) Notwithstanding any other provision of law to the contrary, a pharmacist licensed under [chapter 155A](#) may, by standing order or through collaborative agreement, dispense, furnish, or otherwise provide an opioid antagonist in the name of a service program, law enforcement agency, or fire department to be maintained for use as provided in [this section](#).

(2) A pharmacist who dispenses, furnishes, or otherwise provides an opioid antagonist pursuant to a valid prescription, standing order, or collaborative agreement shall provide instruction to the recipient in accordance with the protocols and instructions developed by the department under [this section](#).

5. The department ~~shall~~ may adopt rules pursuant to [chapter 17A](#) to implement and administer [this section](#), ~~including but not limited to standards and procedures for the prescription, distribution, storage, replacement, and administration of opioid antagonists, and for the training and authorization to be required for first responders to administer an opioid antagonist.~~

Sec. 72. OPIOID ANTAGONIST IMPLEMENTATION CONTINGENCY. 2016 Iowa Acts, Senate File 2218,<sup>5</sup> section 4, is repealed.

Sec. 73. 2016 Iowa Acts, Senate File 2218,<sup>6</sup> as enacted, is amended by adding the following new section:

NEW SECTION. SEC. \_\_\_\_ . EFFECTIVE UPON ENACTMENT. This Act, being deemed of immediate importance, takes effect upon enactment.

Sec. 74. EFFECTIVE DATE. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

Sec. 75. RETROACTIVE APPLICABILITY. This division of this Act applies retroactively to April 6, 2016.

<sup>3</sup> Chapter 1061 herein

<sup>4</sup> Chapter 1061 herein

<sup>5</sup> Chapter 1061 herein

<sup>6</sup> Chapter 1061 herein

DIVISION XV  
NURSING GRANT PROGRAMS

Sec. 76. Section 135.178, Code 2016, is amended to read as follows:

**135.178 Nurse residency state matching grants program — repeal.**

1. The department shall establish a nurse residency state matching grants program to provide matching state funding to sponsors of nurse residency programs in this state to establish, expand, or support nurse residency programs that meet standards adopted by rule of the department. Funding for the program may be provided through the health care workforce shortage fund or the nurse residency state matching grants program account created in [section 135.175](#). The department, in cooperation with the Iowa board of nursing, the department of education, Iowa institutions of higher education with board of nursing-approved programs to educate nurses, and the Iowa nurses association, shall adopt rules pursuant to [chapter 17A](#) to establish minimum standards for nurse residency programs to be eligible for a matching grant that address all of the following:

~~a.~~ 1. Eligibility requirements for and qualifications of a sponsor of a nurse residency program to receive a grant, including that the program includes both rural and urban components.

~~b.~~ 2. The application process for the grant.

~~c.~~ 3. Criteria for preference in awarding of the grants.

~~d.~~ 4. Determination of the amount of a grant.

~~e.~~ 5. Use of the funds awarded. Funds may be used to pay the costs of establishing, expanding, or supporting a nurse residency program as specified in [this section](#), including but not limited to the costs associated with residency stipends and nursing faculty stipends.

~~2.~~ [This section](#) is repealed June 30, 2016.

Sec. 77. Section 261.129, Code 2016, is amended to read as follows:

**261.129 Iowa needs nurses now initiative — repeal.**

1. *Nurse educator incentive payment program.*

a. The commission shall establish a nurse educator incentive payment program. Funding for the program may be provided through the health care workforce shortage fund or the health care professional and Iowa needs nurses now initiative account created in [section 135.175](#). For the purposes of [this subsection](#), “nurse educator” means a registered nurse who holds a master’s degree or doctorate degree and is employed as a faculty member who teaches nursing in a nursing education program as provided in [655 IAC 2.6](#) at a community college, an accredited private institution, or an institution of higher education governed by the state board of regents.

b. The program shall consist of incentive payments to recruit and retain nurse educators. The program shall provide for incentive payments of up to twenty thousand dollars for a nurse educator who remains teaching in a qualifying teaching position for a period of not less than four consecutive academic years.

c. The nurse educator and the commission shall enter into an agreement specifying the obligations of the nurse educator and the commission. If the nurse educator leaves the qualifying teaching position prior to teaching for four consecutive academic years, the nurse educator shall be liable to repay the incentive payment amount to the state, plus interest as specified by rule. However, if the nurse educator leaves the qualifying teaching position involuntarily, the nurse educator shall be liable to repay only a pro rata amount of the incentive payment based on incompleting years of service.

d. The commission, in consultation with the department of public health, the board of nursing, the department of education, and the Iowa nurses association, shall adopt rules pursuant to [chapter 17A](#) relating to the establishment and administration of the nurse educator incentive payment program. The rules shall include provisions specifying what constitutes a qualifying teaching position.

2. *Nursing faculty fellowship program.*

a. The commission shall establish a nursing faculty fellowship program to provide funds to nursing schools in the state, including but not limited to nursing schools located at community colleges, for fellowships for individuals employed in qualifying positions on the

nursing faculty. Funding for the program may be provided through the health care workforce shortage fund or the health care professional and the Iowa needs nurses now initiative account created in [section 135.175](#). The program shall be designed to assist nursing schools in filling vacancies in qualifying positions throughout the state.

b. The commission, in consultation with the department of public health, the board of nursing, the department of education, and the Iowa nurses association, and in cooperation with nursing schools throughout the state, shall develop a distribution formula which shall provide that no more than thirty percent of the available moneys are awarded to a single nursing school. Additionally, the program shall limit funding for a qualifying position in a nursing school to no more than ten thousand dollars per year for up to three years.

c. The commission, in consultation with the department of public health, the board of nursing, the department of education, and the Iowa nurses association, shall adopt rules pursuant to [chapter 17A](#) to administer the program. The rules shall include provisions specifying what constitutes a qualifying position at a nursing school.

d. In determining eligibility for a fellowship, the commission shall consider all of the following:

- (1) The length of time a qualifying position has gone unfilled at a nursing school.
- (2) Documented recruiting efforts by a nursing school.
- (3) The geographic location of a nursing school.

(4) The type of nursing program offered at the nursing school, including associate, bachelor's, master's, or doctoral degrees in nursing, and the need for the specific nursing program in the state.

3. *Nurse educator scholarship program.*

a. The commission shall establish a nurse educator scholarship program. Funding for the program may be provided through the health care workforce shortage fund or the health care professional and the Iowa needs nurses now initiative account created in [section 135.175](#). The goal of the nurse educator scholarship program is to address the waiting list of qualified applicants to Iowa's nursing schools by providing incentives for the training of additional nursing educators. For the purposes of [this subsection](#), "nurse educator" means a registered nurse who holds a master's degree or doctorate degree and is employed as a faculty member who teaches nursing in a nursing education program as provided in [655 IAC 2.6](#) at a community college, an accredited private institution, or an institution of higher education governed by the state board of regents.

b. The program shall consist of scholarships to further advance the education of nurses to become nurse educators. The program shall provide for scholarship payments in an amount established by rule for students who are preparing to teach in qualifying teaching positions.

c. The commission, in consultation with the department of public health, the board of nursing, the department of education, and the Iowa nurses association, shall adopt rules pursuant to [chapter 17A](#) relating to the establishment and administration of the nurse educator scholarship program. The rules shall include provisions specifying what constitutes a qualifying teaching position and the amount of any scholarship.

4. *Nurse educator scholarship-in-exchange-for-service program.*

a. The commission shall establish a nurse educator scholarship-in-exchange-for-service program. Funding for the program may be provided through the health care workforce shortage fund or the health care professional and Iowa needs nurses now initiative account created in [section 135.175](#). The goal of the nurse educator scholarship-in-exchange-for-service program is to address the waiting list of qualified applicants to Iowa's nursing schools by providing incentives for the education of additional nursing educators. For the purposes of [this subsection](#), "nurse educator" means a registered nurse who holds a master's degree or doctorate degree and is employed as a faculty member who teaches nursing in a nursing education program as provided in [655 IAC 2.6](#) at a community college, an accredited private institution, or an institution of higher education governed by the state board of regents.

b. The program shall consist of scholarships to further advance the education of nurses to become nurse educators. The program shall provide for scholarship-in-exchange-for-service payments in an amount established by rule for students who are preparing to teach in qualifying teaching positions for a period of not less than four consecutive academic years.

c. The scholarship-in-exchange-for-service recipient and the commission shall enter into an agreement specifying the obligations of the applicant and the commission. If the nurse educator leaves the qualifying teaching position prior to teaching for four consecutive academic years, the nurse educator shall be liable to repay the scholarship-in-exchange-for-service amount to the state plus interest as specified by rule. However, if the nurse educator leaves the qualified teaching position involuntarily, the nurse educator shall be liable to repay only a pro rata amount of the scholarship based on incomplete years of service.

d. The receipt of a nurse educator scholarship-in-exchange-for-service shall not impact eligibility of an individual for other financial incentives including but not limited to loan forgiveness programs.

e. The commission, in consultation with the department of public health, the board of nursing, the department of education, and the Iowa nurses association, shall adopt rules pursuant to [chapter 17A](#) relating to the establishment and administration of the nurse educator scholarship-in-exchange-for-service program. The rules shall include the provisions specifying what constitutes a qualifying teaching position and the amount of any scholarship-in-exchange-for-service.

~~5. *Repeal.* [This section](#) is repealed June 30, 2016.~~

Sec. 78. EFFECTIVE UPON ENACTMENT. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

Sec. 79. RETROACTIVE APPLICABILITY. This division of this Act is retroactively applicable to June 30, 2016.

DIVISION XVI  
NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER PAYMENT LIMIT  
SUPPLEMENTAL PAYMENT PROGRAM

Sec. 80. Section 249L.2, Code 2016, is amended by adding the following new subsections:  
NEW SUBSECTION. 5A. “*Non-state governmental entity*” means a hospital authority, hospital district, health care district, city, or county.

NEW SUBSECTION. 5B. “*Non-state government-owned nursing facility*” means a nursing facility owned or operated by a non-state governmental entity for which a non-state governmental entity holds the nursing facility’s license and is party to the nursing facility’s Medicaid contract.

Sec. 81. Section 249L.2, subsection 6, Code 2016, is amended to read as follows:

6. “*Nursing facility*” means a licensed nursing facility as defined in [section 135C.1](#) that is a freestanding facility or a nursing facility operated by a hospital licensed pursuant to [chapter 135B](#), but does not include a distinct-part skilled nursing unit or a swing-bed unit operated by a hospital, or a nursing facility owned by the state or federal government ~~or other governmental unit~~. “*Nursing facility*” includes a non-state government-owned nursing facility if the nursing facility participates in the non-state government-owned nursing facility upper payment limit supplemental payment program.

Sec. 82. NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER PAYMENT LIMIT SUPPLEMENTAL PAYMENT PROGRAM.

1. The department of human services shall submit, to the centers for Medicare and Medicaid services (CMS) of the United States department of health and human services, a Medicaid state plan amendment to allow qualifying non-state government-owned nursing facilities to receive a supplemental payment in accordance with the upper payment limit requirements pursuant to [42 C.F.R. §447.272](#). The supplemental payment shall be in addition to the greater of the Medicaid fee-for-service per diem reimbursement rate or the per diem payment established for the nursing facility under a Medicaid managed care contract.

2. At a minimum, the Medicaid state plan amendment shall provide for all of the following:

a. A non-state governmental entity shall provide the state share of the expected supplemental payment in the form of an intergovernmental transfer to the state.

b. The state shall claim federal matching funds and shall make supplemental payments to eligible non-state governmental entities based on the supplemental amount as calculated by the state for each nursing facility for which a non-state governmental entity owns the nursing facility's license. A managed care contractor shall not retain any portion of the supplemental payment, but shall treat the supplemental payment as a pass through payment to the eligible non-state governmental entity.

c. The supplemental payment program shall be budget neutral to the state. No general fund revenue shall be expended under the program including for costs of administration. If payments under the program result in overpayment to a nursing facility, or if CMS disallows federal participation related to a nursing facility's receipt or use of supplemental payments authorized under the program, the state may recoup an amount equivalent to the amount of supplemental payments overpaid or disallowed. Supplemental payments shall be subject to any adjustment for payments made in error, including but not limited to adjustments made by state or federal law, and the state may recoup an amount equivalent to any such adjustment.

d. A nursing facility participating in the program shall notify the state of any changes in ownership that may affect the nursing facility's continued eligibility for the program within thirty days of any such change.

e. No portion of the supplemental payment paid to a participating nursing facility may be used for contingent fees. Expenditures for development fees, legal fees, or consulting fees shall not exceed five percent of the supplemental funds received, annually, and any such expenditures shall be reported to the department of human services, and included in the department's annual report pursuant to subsection 3.

f. The supplemental payment paid to a participating nursing facility shall only be used as specified in state and federal law. Supplemental payments paid to a participating nursing facility shall only be used as follows:

(1) A portion of the amount received may be used for nursing facility quality improvement initiatives including but not limited to educational scholarships and nonmandatory training. Priority in the awarding of contracts for such training shall be for Iowa-based organizations.

(2) A portion of the amount received may be used for nursing facility remodeling or renovation. Priority in the awarding of contracts for such remodeling or renovations shall be for Iowa-based organizations and skilled laborers.

(3) A portion of the amount received may be used for health information technology infrastructure and software. Priority in the awarding of contracts for such health information technology infrastructure and software shall be for Iowa-based organizations.

(4) A portion of the amount received may be used for endowments to offset costs associated with maintenance of hospitals licensed under [chapter 135B](#) and nursing facilities licensed under [chapter 135C](#).

g. A non-state governmental entity shall only be eligible for supplemental payments attributable to up to 10 percent of the potential non-state government-owned nursing facilities licensed in the state.

3. Following receipt of approval and implementation of the program, the department shall submit a report to the governor and the general assembly, annually, on or before December 15, regarding the program. The report shall include, at a minimum, the name and location of participating non-state governmental entities and the non-state government-owned nursing facilities with which the non-state governmental entities have partnered to participate in the program; the amount of the matching funds provided by each non-state governmental entity; the net supplemental payment amount received by each participating non-governmental entity and non-state government-owned nursing facility; and the amount expended for each of the specified categories of approved expenditure.

4. The department of human services shall work collaboratively with representatives of nursing facilities, hospitals, and other affected stakeholders in adopting administrative rules, and in implementing and administering this program.

5. As used in this section:

a. "Non-state governmental entity" means a hospital authority, hospital district, health care district, city, or county.

b. "Non-state government-owned nursing facility" means a nursing facility owned or operated by a non-state governmental entity for which a non-state governmental entity holds the nursing facility's license and is party to the nursing facility's Medicaid contract.

Sec. 83. EFFECTIVE UPON ENACTMENT. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

Sec. 84. IMPLEMENTATION PROVISIONS.

1. The section of this division of this Act directing the department of human services to submit a Medicaid state plan amendment to CMS shall be implemented as soon as possible following enactment, consistent with all applicable federal requirements.

2. The sections of this division of this Act amending section 249L.2, shall only be implemented upon receipt by the department of human services of approval of the Medicaid state plan amendment by the centers for Medicare and Medicaid services of the United States department of health and human services, and if such approval is received, are applicable no earlier than the first day of the calendar quarter following the date of receipt of such approval.

\*DIVISION XVII  
TRAUMA CARE SYSTEM

Sec. 85. Section 147A.23, subsection 2, paragraph c, Code 2016, is amended to read as follows:

c. (1) Upon verification and the issuance of a certificate of verification, a hospital or emergency care facility agrees to maintain a level of commitment and resources sufficient to meet responsibilities and standards as required by the trauma care criteria established by rule under this subchapter. Verifications are valid for a period of three years or as determined by the department and are renewable. As part of the verification and renewal process, the department may conduct periodic on-site reviews of the services and facilities of the hospital or emergency care facility.

(2) Notwithstanding subparagraph (1), the department shall not decrease a level II certificate of verification issued to a trauma care facility by the department on or before July 1, 2015, unless the facility subsequently fails to comply with the trauma care criteria established in administrative rules in effect on July 1, 2015.

Sec. 86. EFFECTIVE UPON ENACTMENT. This division of this Act, being deemed of immediate importance, takes effect upon enactment.

Sec. 87. RETROACTIVE APPLICABILITY. This division of this Act applies retroactively to June 30, 2015.\*

DIVISION XVIII  
MENTAL HEALTH AND DISABILITY SERVICES REGIONS — FUNDING

Sec. 88. MENTAL HEALTH AND DISABILITY SERVICES REGIONS — FUNDING.

1. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For a grant to a five-county mental health and disability services region with a population of between 290,000 to 300,000 as determined by the latest federal decennial census, for the provision of mental health and disability services within the region:

..... \$ 500,000

The moneys appropriated in this subsection are contingent upon the continuation of sustainable service funding relationships between all counties in the region for the fiscal year beginning July 1, 2016, and ending June 30, 2017. The department and the region shall

\* Item veto; see message at end of the Act

enter into a memorandum of understanding regarding the use of the moneys by the region prior to the region’s receipt of moneys under this subsection.

2. There is appropriated from the general fund of the state to the department of human services for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

For a grant to a single-county mental health and disability services region with a population of over 350,000 as determined by the latest federal decennial census, for the provision of mental health and disability services within the region:

..... \$ 2,500,000

The department shall work with the region awarded moneys pursuant to this subsection to a complete <sup>7</sup> a three-year sustainable cash flow funding plan for the delivery of mental health and disability services in the region to be submitted to the department by November 15, 2016. The department and the region shall enter into a memorandum of understanding regarding the use of the moneys and detailing the provisions of the plan prior to the region’s receipt of moneys under this subsection.

3. The department shall distribute moneys appropriated in this section within 60 days of the date of signing of the memorandum of understanding between the department and each region.

4. Moneys awarded under this section shall be used by the regions consistent with each region’s service system management plan as approved by the department.

DIVISION XIX  
MENTAL HEALTH AND DISABILITY SERVICES REDESIGN PROGRESS REPORT

Sec. 89. MENTAL HEALTH AND DISABILITY SERVICES REDESIGN PROGRESS REPORT. The department of human services shall review and report progress on the implementation of the adult mental health and disability services redesign and shall identify any challenges faced in achieving the goals of the redesign. The progress report shall include but not be limited to information regarding the mental health and disability services regional service system including governance, management, and administration; the implementation of best practices including evidence-based best practices; the availability of, access to, and provision of initial core services and additional core services to and for required core service populations and additional core service populations; and the financial stability and fiscal viability of the redesign. The department shall submit its report with findings to the governor and the general assembly no later than November 15, 2016.

DIVISION XX  
REFUGEE RISE AMERICORPS PROGRAM

Sec. 90. Section 15H.5, subsection 5, paragraph a, Code 2016, is amended to read as follows:

a. Funding for the Iowa summer youth corps program, the Iowa green corps program established pursuant to [section 15H.6](#), and the Iowa reading corps program established pursuant to [section 15H.7](#), and the RefugeeRISE AmeriCorps program established pursuant to [section 15H.8](#), shall be obtained from private sector, and local, state, and federal government sources, or from other available funds credited to the community programs account, which shall be created within the economic development authority under the authority of the commission. Moneys available in the account for a fiscal year are appropriated to the commission to be used for the programs. The commission may establish an escrow account within the authority and obligate moneys within that escrow account for tuition or program payments to be made beyond the term of any fiscal year. Notwithstanding [section 12C.7, subsection 2](#), interest earned on moneys in the community programs account shall be credited to the account. Notwithstanding [section 8.33](#), moneys in the community programs account or escrow account shall not revert to the general fund but shall remain available for expenditure in future fiscal years.

<sup>7</sup> According to Act; the phrase “to complete” probably intended

Sec. 91. **NEW SECTION. 15H.8 RefugeeRISE AmeriCorps program.**

1. *a.* The Iowa commission on volunteer service, in collaboration with the department of human services, shall establish a Refugee Rebuild, Integrate, Serve, Empower (RefugeeRISE) AmeriCorps program to increase community integration and engagement for diverse refugee communities in rural and urban areas across the state.

*b.* The commission, in collaboration with the department of human services, may adopt rules pursuant to [chapter 17A](#) to implement and administer [this section](#).

2. The commission may use moneys in and lawfully available to the community programs account created in [section 15H.5](#) to fund the program.

3. The commission shall submit an annual report to the general assembly and the department of human services relating to the efficacy of the program.

DIVISION XXI  
MENINGOCOCCAL IMMUNIZATION

Sec. 92. Section 139A.8, subsection 2, Code 2016, is amended by adding the following new paragraph:

**NEW PARAGRAPH. e.** A person shall not be enrolled in school in the seventh grade or twelfth grade in Iowa without evidence of adequate immunization against meningococcal disease in accordance with standards approved by the United States public health service of the United States department of health and human services for such biological products and is in accordance with immunization practices recommended by the advisory committee on immunization practices of the centers for disease control and prevention.

DIVISION XXII  
MEDICAID MANAGED CARE OVERSIGHT

REPORTING AND PUBLIC POSTING OF REPORTS — CONSUMER PROTECTION,  
OUTCOME ACHIEVEMENT, AND PROGRAM INTEGRITY INFORMATION

Sec. 93. **DEPARTMENT OF HUMAN SERVICES — REPORTS.** The department of human services shall submit to the chairpersons and ranking members of the human resources committees of the senate and the house of representatives and to the chairpersons and ranking members of the joint appropriations subcommittee on health and human services, quarterly reports, and an annual report beginning December 15, 2016, and annually by December 15, thereafter, regarding Medicaid program consumer protections, outcome achievement, and program integrity as specified in this division. The reports shall be based on and updated to include the most recent information available. The reports shall include an executive summary of the information and data compiled, an analysis of the information and data, and any trends or issues identified through such analysis, to the extent such information is not otherwise considered confidential or protected information pursuant to federal or state law. The joint appropriations subcommittee on health and human services shall dedicate a meeting of the subcommittee during the subsequent session of the general assembly to review the annual report.

1. **CONSUMER PROTECTION.**

The general assembly recognizes the need for ongoing review of Medicaid member engagement with and feedback regarding Medicaid managed care. The Iowa high quality health care initiative shall ensure access to medically necessary services and shall ensure that Medicaid members are fully engaged in their own health care in order to achieve overall positive health outcomes. The consumer protection component of the reports submitted as required under this section shall be based on all of the following reports relating to member and provider services:

*a.* Member enrollment and disenrollment.

*b.* Member grievances and appeals including all of the following:

(1) The percentage of grievances and appeals resolved timely.

(2) The number of grievances and appeals received.

*c.* Member call center performance including the service level for members, providers, and pharmacy.

- d. Prior authorization denials and modifications including all of the following:
  - (1) The percentage of prior authorizations approved, denied, and modified.
  - (2) The percentage of prior authorizations processed within required timeframes.
- e. Provider network access including key gaps in provider coverage based on contract time, distance standards, and market share.
- f. Care coordination and case management, including the ratio of members to care coordinators or case managers, and the average number of contacts made with members per reporting period.
- g. Level of care and functional assessments, including the percentage of level of care assessments completed timely.
- h. Population-specific reporting including all of the following:
  - (1) General population, including adults and children.
  - (2) Special needs, including adults and children.
  - (3) Behavioral health, including adults and children.
  - (4) Elderly.
- i. Number of individuals served on the home and community-based services (HCBS) waivers by waiver type, and HCBS waiver waiting list reductions or increases.

## 2. OUTCOME ACHIEVEMENT.

The primary focus of the general assembly in moving to Medicaid managed care is to improve the quality of care and outcomes for Medicaid members. The state has demonstrated how preventive services and the coordination of care for all of a Medicaid member's treatment significantly improve the health and well-being of the state's most vulnerable citizens. In order to ensure continued improvement, ongoing review of member outcomes as well as of the process that supports a strong provider network is necessary. The outcome achievement component of the reports submitted as required under this section shall be based on all of the following reports:

- a. Contract management including all of the following:
  - (1) Claims processing including all of the following:
    - (a) The percentage of claims paid, denied, and disputed, and the ten most common reasons for claims denials.
    - (b) The percentage of claims adjudicated timely.
  - (2) Encounter data including all of the following:
    - (a) Timeliness.
    - (b) Completeness.
    - (c) Accuracy.
  - (3) Value-based purchasing (VBP) enrollment including the percentage of members covered by a VBP arrangement.
  - (4) Financial information including all of the following:
    - (a) Managed care organization capitation payments.
    - (b) The medical loss ratio, administrative loss ratio, and underwriting ratio.
    - (c) Program cost savings.
  - (5) Utilization of health care services by diagnostic related group and ambulatory payment classification as well as total claims volume.
  - (6) Utilization of value-added services.
  - (7) Payment of claims by department-identified provider type.
- b. Member health outcomes including all of the following:
  - (1) Annual health care effectiveness and information set (HEDIS) performance.
  - (2) Other quality measures including all of the following:
    - (a) Behavioral health.
    - (b) Children's health outcomes.
    - (c) Prenatal and birth outcomes.
    - (d) Chronic condition management.
    - (e) Adult preventative care.
  - (3) Value index score (VIS) performance.
  - (4) Annual consumer assessment of health care providers and systems (CAHPS) performance.
  - (5) Utilization information including all of the following:

- (a) Inpatient hospital admissions and potential preventative admissions.
  - (b) Readmissions.
  - (c) Outpatient visits.
  - (d) Emergency department visits and potentially preventable emergency department visits.
- c. Consumer satisfaction survey.

### 3. PROGRAM INTEGRITY.

a. The Medicaid program has traditionally included comprehensive oversight and program integrity controls. Under Medicaid managed care, federal, state, and contractual safeguards will continue to be incorporated to prevent, detect, and eliminate provider fraud, waste, and abuse to maintain a sustainable Medicaid program. The program integrity component of the reports submitted as required under this section shall be based on all of the following reports relating to program integrity:

- (1) The level of fraud, waste, and abuse identified by the managed care organizations.
- (2) Managed care organization adherence to the program integrity plan, including identification of program overpayments.
- (3) Notification of the state by the managed care organizations regarding fraud, waste, and abuse.
- (4) The impact of program activities on capitation payments.
- (5) Enrollment and payment information including all of the following:
  - (a) Eligibility.
  - (b) Third-party liability.
- (6) Managed care organization reserves compared to minimum reserves required by the insurance division of the department of commerce.
- (7) A summary report by the insurance division of the department of commerce including information relating to health maintenance organization licensure, the annual independent audit, insurance division reporting, and reinsurance.

b. The results of any external quality review organization review shall be submitted directly to the governor, the general assembly, and the health policy oversight committee created in [section 2.45](#).

c. The department of human services shall require each Medicaid managed care organization to authorize the national committee for quality assurance (NCQA) to submit directly to the governor, the general assembly, and the health policy oversight committee created in [section 2.45](#), the evaluation report upon which the Medicaid managed care organization's NCQA accreditation was granted, and any subsequent evaluations of the Medicaid managed care organization.

### 4. INCLUSION OF INFORMATION FROM OTHER OVERSIGHT ENTITIES.

The council on human services, the medical assistance advisory council, the hawk-i board, the mental health and disability services commission, and the office of long-term care ombudsman shall regularly review Medicaid managed care as it relates to the entity's respective statutory duties. These entities shall submit executive summaries of pertinent information regarding their deliberations during the prior year relating to Medicaid managed care to the department of human services no later than November 15, annually, for inclusion in the annual report submitted as required under this section.

### 5. PUBLIC POSTING OF INFORMATION REPORTED.

The department of human services shall post all of the reports specified under this section, as the information becomes available and to the extent such information is not otherwise considered confidential or protected information pursuant to federal or state law, on the Iowa health link internet site.

## Sec. 94. ADDITIONAL OVERSIGHT.

1. The council on human services, the medical assistance advisory council, and the hawk-i board shall submit to the chairpersons and ranking members of the human resources committees of the senate and the house of representatives and to the chairpersons and ranking members of the joint appropriations subcommittee on health and human services, on a quarterly basis, minutes of their respective meetings during which the council or board addressed Medicaid managed care.

2. The director of human services shall submit the compilation of the input and recommendations from stakeholders and Medicaid members attending the public meetings convened pursuant to [2015 Iowa Acts, chapter 137, section 63](#), to the chairpersons and ranking members of the human resources committees of the senate and the house of representatives and to the chairpersons and ranking members of the joint appropriations subcommittee on health and human services, on a quarterly basis.

Sec. 95. PROGRAM POLICY IMPROVEMENT. The department of human services shall ensure that Medicaid managed care organizations comply with all of the following:

1. In accordance with [42 C.F.R. §438.420](#), a Medicaid managed care organization, upon a recipient's request, shall continue a recipient's benefits during an appeal process. If, as allowed when final resolution of an appeal is adverse to the Medicaid recipient, the Medicaid managed care organization chooses to recover the costs of the services furnished to the recipient while an appeal is pending, the Medicaid managed care organization shall provide adequate prior notice of potential recovery of costs to the recipient at the time the appeal is filed.

2. A Medicaid managed care organization shall allow providers to appeal on a recipient's behalf if the recipient designates the provider as the recipient's representative.

3. a. A Medicaid managed care organization may include as a primary care provider any provider designated by the state as a primary care provider, subject to a provider's respective state certification standards, including but not limited to all of the following:

(1) A physician who is a family or general practitioner, a pediatrician, an internist, an obstetrician, or a gynecologist.

(2) An advanced registered nurse practitioner.

(3) A physician assistant.

(4) A chiropractor licensed pursuant to [chapter 151](#).

b. A Medicaid managed care organization shall not impose more restrictive, scope of practice requirements or standards of practice on a primary care provider than those prescribed by state law as a prerequisite for participation in the managed care organization's provider network.

Sec. 96. SINGLE-CASE AGREEMENT. A Medicaid managed care organization shall, at the request of a Medicaid recipient, attempt to negotiate in good faith a single-case agreement with a recipient's out-of-network provider, including a provider outside of the state, to provide for continuity of care when the recipient has an existing relationship with such provider. If a provider of a medically necessary service is not available within the managed care organization's network, the managed care organization shall, at the request of a Medicaid recipient, attempt to negotiate in good faith a single-case agreement with an out-of-network provider, regardless of the existence of an established relationship between the recipient and the provider.

#### HEALTH POLICY OVERSIGHT COMMITTEE

Sec. 97. Section 2.45, subsection 6, Code 2016, is amended to read as follows:

6. The legislative health policy oversight committee, which shall be composed of ten members of the general assembly, consisting of five members from each house, to be appointed by the legislative council. The legislative health policy oversight committee shall receive updates and review data, public input and concerns, and make recommendations for improvements to and changes in law or rule regarding meet at least two times, annually, during the legislative interim to provide continuing oversight for Medicaid managed care, and to ensure effective and efficient administration of the program, address stakeholder concerns, monitor program costs and expenditures, and make recommendations.

#### MANAGED CARE OMBUDSMAN

Sec. 98. Section 231.44, Code 2016, is amended by adding the following new subsection: NEW SUBSECTION. 3A. The office of long-term care ombudsman and representatives of the office, when providing assistance and advocacy services under [this section](#), shall

be considered a health oversight agency as defined in [45 C.F.R. §164.501](#) for the purposes of health oversight activities as described in [45 C.F.R. §164.512\(d\)](#). Recipient information available to the office of long-term care ombudsman and representatives of the office under this subsection shall be limited to the recipient's protected health information as defined in [45 C.F.R. §160.103](#) for the purpose of recipient case resolution. When providing assistance and advocacy services under [this section](#), the office of long-term care ombudsman shall act as an independent agency, and the office of long-term care ombudsman and representatives of the office shall be free of any undue influence that restrains the ability of the office or the office's representatives from providing such services and assistance. The office of long-term care ombudsman shall adopt rules applicable to long-term care ombudsmen providing assistance and advocacy services under [this section](#) to authorize such ombudsmen to function in a manner consistent with long-term care ombudsmen under the federal Act.

#### MEDICAL ASSISTANCE ADVISORY COUNCIL

Sec. 99. Section 249A.4B, Code 2016, is amended to read as follows:

**249A.4B Medical assistance advisory council.**

1. A medical assistance advisory council is created to comply with [42 C.F.R. §431.12](#) based on section 1902(a)(4) of the federal Social Security Act and to advise the director about health and medical care services under the medical assistance program. The council shall meet no more than quarterly. The director of public health and a public member of the council selected by the public members of the council specified in [subsection 2](#), paragraph "b", shall serve as ~~chairperson~~ co-chairpersons of the council.

2. The council shall include all of the following voting members:

a. The president, or the president's representative, of each of the following professional or business entities, or a member of each of the following professional or business entities, selected by the entity:

- (1) The Iowa medical society.
- (2) The Iowa osteopathic medical association.
- (3) The Iowa academy of family physicians.
- (4) The Iowa chapter of the American academy of pediatrics.
- (5) The Iowa physical therapy association.
- (6) The Iowa dental association.
- (7) The Iowa nurses association.
- (8) The Iowa pharmacy association.
- (9) The Iowa podiatric medical society.
- (10) The Iowa optometric association.
- (11) The Iowa association of community providers.
- (12) The Iowa psychological association.
- (13) The Iowa psychiatric society.
- (14) The Iowa chapter of the national association of social workers.
- (15) The coalition for family and children's services in Iowa.
- (16) The Iowa hospital association.
- (17) The Iowa association of rural health clinics.
- (18) The Iowa primary care association.
- (19) Free clinics of Iowa.
- (20) The opticians' association of Iowa, inc.
- (21) The Iowa association of hearing health professionals.
- (22) The Iowa speech and hearing association.
- (23) The Iowa health care association.
- (24) The Iowa association of area agencies on aging.
- (25) AARP.
- (26) The Iowa caregivers association.
- (27) The Iowa coalition of home and community-based services for seniors.
- (28) The Iowa adult day services association.
- (29) Leading age Iowa.
- (30) The Iowa association for home care.

- (31) The Iowa council of health care centers.
- (32) The Iowa physician assistant society.
- (33) The Iowa association of nurse practitioners.
- (34) The Iowa nurse practitioner society.
- (35) The Iowa occupational therapy association.
- (36) The ARC of Iowa, formerly known as the association for retarded citizens of Iowa.
- (37) The national alliance for the mentally ill of Iowa on mental illness.
- (38) The Iowa state association of counties.
- (39) The Iowa developmental disabilities council.
- (40) The Iowa chiropractic society.
- (41) The Iowa academy of nutrition and dietetics.
- (42) The Iowa behavioral health association.
- (43) The midwest association for medical equipment services or an affiliated Iowa organization.

b. Public Ten public representatives which may include members of consumer groups, including recipients of medical assistance or their families, consumer organizations, and others, ~~equal in number to the number of representatives of the professional and business entities specifically represented under paragraph "a",~~ appointed by the governor for staggered terms of two years each, none of whom shall be members of, or practitioners of, or have a pecuniary interest in any of the professional or business entities specifically represented under paragraph "a", and a majority of whom shall be current or former recipients of medical assistance or members of the families of current or former recipients.

c. A member of the hawk-i board created in [section 514I.5](#), selected by the members of the hawk-i board.

3. The council shall include all of the following nonvoting members:

e. a. The director of public health, or the director's designee.

~~d.~~ b. The director of the department on aging, or the director's designee.

~~c.~~ The long-term care ombudsman, or the long-term care ombudsman's designee.

e. d. The dean of Des Moines university — osteopathic medical center, or the dean's designee.

~~f.~~ e. The dean of the university of Iowa college of medicine, or the dean's designee.

~~g.~~ f. The following members of the general assembly, each for a term of two years as provided in [section 69.16B](#):

(1) Two members of the house of representatives, one appointed by the speaker of the house of representatives and one appointed by the minority leader of the house of representatives from their respective parties.

(2) Two members of the senate, one appointed by the president of the senate after consultation with the majority leader of the senate and one appointed by the minority leader of the senate.

~~3.~~ 4. a. An executive committee of the council is created and shall consist of the following members of the council:

(1) Five of the professional or business entity members designated pursuant to [subsection 2](#), paragraph "a", and selected by the members specified under that paragraph, as voting members.

(2) Five of the public members appointed pursuant to [subsection 2](#), paragraph "b", and selected by the members specified under that paragraph, as voting members. Of the five public members, at least one member shall be a recipient of medical assistance.

(3) The director of public health, or the director's designee, as a nonvoting member.

b. The executive committee shall meet on a monthly basis. The director of public health and the public member serving as co-chairperson of the council shall serve as chairperson co-chairpersons of the executive committee.

c. Based upon the deliberations of the council and the executive committee, the executive committee shall make recommendations to the director regarding the budget, policy, and administration of the medical assistance program.

4. 5. For each council meeting, other than those held during the time the general assembly is in session, each legislative member of the council shall be reimbursed for actual travel and other necessary expenses and shall receive a per diem as specified in [section 7E.6](#) for each

day in attendance, as shall the members of the council or the executive committee who are recipients or the family members of recipients of medical assistance, regardless of whether the general assembly is in session.

5. 6. The department shall provide staff support and independent technical assistance to the council and the executive committee.

6. 7. The director shall consider the recommendations offered by the council and the executive committee in the director's preparation of medical assistance budget recommendations to the council on human services pursuant to [section 217.3](#) and in implementation of medical assistance program policies.

Sec. 100. APPOINTMENT OF PUBLIC REPRESENTATIVES TO MEDICAL ASSISTANCE ADVISORY COUNCIL — 2016. The director of human services shall make recommendations to the governor for appointment of public representatives to the medical assistance advisory council pursuant to [section 249A.4B, subsection 1](#), paragraph “b”, in order to fill all public representative positions on the council no later than June 30, 2016.

Sec. 101. EFFECTIVE UPON ENACTMENT. The following provision of this division of this Act, being deemed of immediate importance, takes effect upon enactment:

1. The section of this division of this Act directing the appointment of public representatives to the medical assistance advisory council no later than June 30, 2016.

#### CONTINUATION OF STATEWIDE PUBLIC MEETINGS

Sec. 102. 2015 Iowa Acts, chapter 137, section 63, is amended to read as follows:

SEC. 63. HEALTH POLICY OVERSIGHT — MEDICAID MANAGED CARE.

1. The department of human services shall partner with appropriate stakeholders to convene monthly statewide public meetings beginning in March 2016, and bi-monthly statewide public meetings beginning March 2017 and continuing through December 31, 2017, to receive input and recommendations from stakeholders and members of the public regarding Medicaid managed care, ~~beginning in March 2016~~. The meetings shall be held in both rural and urban areas, in small communities and large population centers, and in a manner that is geographically balanced. The department shall encourage representatives of Medicaid managed care organizations to attend the public meetings. The input and recommendations of the public meetings shall be compiled by the department of human services and submitted to the executive committee of the medical assistance advisory council created in [section 249A.4B](#).

2. a. The executive committee of the medical assistance advisory council shall review the compilation of the input and recommendations of the public meetings convened pursuant to subsection 1, and shall submit recommendations based upon the compilation to the director of human services on a quarterly basis through December 31, 2017.

b. The director of human services shall submit the compilation and the recommendations made under paragraph “a” to the legislative health policy oversight committee created in [section 2.45](#) through December 31, 2017.

Sec. 103. EFFECTIVE UPON ENACTMENT. The sections of this division of this Act amending 2015 Iowa Acts, chapter 137, section 63, being deemed of immediate importance, takes effect upon enactment.

#### HAWK-I PROGRAM

Sec. 104. Section 514I.5, subsection 8, paragraph d, Code 2016, is amended by adding the following new subparagraph:

NEW SUBPARAGRAPH. (17) Occupational therapy.

Sec. 105. Section 514I.5, Code 2016, is amended by adding the following new subsection:  
NEW SUBSECTION. 10. The hawk-i board shall monitor the capacity of Medicaid managed care organizations to specifically and appropriately address the unique needs of children and children's health delivery.

DIVISION XXIII  
FOOD PROGRAM

Sec. 106. IOWA EMERGENCY FOOD PURCHASE PROGRAM. There is appropriated from the general fund of the state to the department of agriculture and land stewardship for the fiscal year beginning July 1, 2016, and ending June 30, 2017, the following amount, or so much thereof as is necessary, to be used for the purpose designated:

1. For purposes of supporting an Iowa emergency food purchase program:  
..... \$ 100,000

2. The purpose of the Iowa emergency food purchase program is to relieve situations of emergency experienced by families or individuals who reside in this state, including low-income families and individuals and unemployed families and individuals, by distributing food to those persons.

3. The Iowa emergency food purchase program shall be managed by an Iowa food bank association selected by the department. The department may enter into a contract with the Iowa food bank association. The Iowa food bank association managing the program shall distribute food under the program to emergency feeding organizations in this state. The Iowa food bank association shall report to the department as required by the department.

4. The moneys appropriated in this section shall be allocated to support the Iowa emergency food purchase program only to the extent that the allocated moneys are matched on a dollar-for-dollar basis.

5. "Iowa food bank association" means a private nonprofit entity that meets all of the following requirements:

a. The association is organized under [chapter 504](#).

b. The association qualifies under section 501(c)(3) of the Internal Revenue Code as an organization exempt from federal income tax under section 501(a) of the Internal Revenue Code.

c. The association's members include food banks, or affiliations of food banks, that together serve all counties in this state.

d. The association's principal office is located in this state.

*Approved May 27, 2016, with exceptions noted.*

TERRY E. BRANSTAD, *Governor*

Dear Mr. Secretary:

I hereby transmit House File 2460, an Act relating to appropriations for health and human services and veterans and including other related provisions and appropriations, and including effective date and retroactive and other applicability provisions.

House File 2460 passed both the Senate and House. It is concerning to me that more than \$15 million of one-time revenue is being used to fund the Department of Human Services. The budget I proposed in January 2016 funded ongoing expenses with ongoing revenue. It is my hope to work with the legislature next year to provide much needed budget predictability and stability for Iowa taxpayers who make these programs possible.

This legislation requires an individual enrolling in school in 7th or 12th grade in Iowa to be immunized against meningococcal disease. I have met with families who lost loved ones and medical experts and I am convinced this will save lives in Iowa. This immunization is covered by insurance. Also, there is an exception for individuals to opt out of the immunization for medical reasons or religious beliefs.

I am committed to making Iowa the healthiest state in the nation. This year, Iowa transitioned to a modernized Medicaid program that will improve patient health outcomes and fit individual needs. Last year in Senate File 505, I signed every Medicaid Modernization

oversight item into law. I was proud to do so because our Medicaid patients deserve an outcome-focused, accountable Medicaid program. We now have nearly 1,000 measurable results tracking the health outcomes of Medicaid patients. Something our old Medicaid program never did. Today, I am proud to sign every additional Medicaid Modernization oversight item contained in House File 2460. I appreciate that the legislature agreed in a bipartisan manner that we need a modernized Medicaid program focused on health outcomes to improve the lives of our most vulnerable Iowans. By signing into law every Medicaid Modernization oversight item, Iowa's Medicaid program will be one of the most transparent, outcome-focused, and accountable programs in the country.

House File 2460 is approved on this date with the following exceptions, which I hereby disapprove.

I am unable to approve the designated portion of the item designated as Section 10, amending 2015 Iowa Acts, chapter 137, section 132, by inserting subsection 23. This item restricts the Department of Human Services from implementing certain cost containment strategies. The Department must have the tools and flexibility to effectively manage a program so critically important to so many vulnerable Iowans. Such a restriction on the management and oversight authority of the Department of Human Services is inappropriate.

I am unable to approve the designated portion of the item designated as Section 10, amending 2015 Iowa Acts, chapter 137, section 132, by inserting subsection 24. This item requires the Department of Human Services to report on cost containment strategies. The Department of Human Services, Department of Management and the Legislative Services Agency meet on a monthly basis to determine projections for the Medical Assistance appropriation. Information relating to cost containment strategies is shared during these meetings. While I strongly support transparency efforts that publicly disclose how departments spend their resources, this information is already available within the State's accounting and budgeting systems.

I am unable to approve the item designated portion of the item designated as Section 27, amending the 2015 Iowa Acts, chapter 137, section 149, by inserting subsection 11A, subparagraph b. Iowa has modernized its administration of Medicaid by partnering with specialized, patient-centered health care plans. This bipartisan initiative was implemented on April 1, 2016. The provider reimbursement rate floors issued by the Department of Human Services already include protections for providers and their reimbursement. Therefore, restrictions in this item are redundant and unnecessary.

I am unable to approve the item designated as Section 54, in its entirety. This item limits the Department of Human Services review of all alternative assessment methodologies for the hospital health care access assessment.

I am unable to approve the item designated as Division XVII, in its entirety. This item prevents the Iowa Department of Public Health and the Trauma Systems Advisory Council to be able to effectively carry out its regulatory obligation to the patients of Iowa's trauma system.

For the above reasons, I respectfully disapprove the designated items in accordance with Amendment IV of the Amendments of 1968 to the Constitution of the State of Iowa. All other items in House File 2460 are hereby approved as of this date.

Sincerely,  
TERRY E. BRANSTAD, *Governor*